20M 4/B2

and the delication of the IMPORTANT: If them 21 is marked or Upon 18 shows any injury, ar other traumatic event, the

1							E OF MARYLAND	0 4	0 0		4 3
	1 -	FOR STATE			DEPA		EALTH AND MENTAL HYG	SIENE O "1	- U	2	0 0
		REGISTRAR					ICATE OF DEATH	REG. NO			
		OR PRINTI	FIRST	A	AIDDLE	Λ	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b H	OUR
			Genev	a Mae		_ H	lexander	JUL	V 8 /	984 05	515 M
	3. SEX	(		4. RACE		5. DATE (		6. AGE (IN YEARS LAST BIR	MONTHS	DAYS HOU	DER 24 HRS
1.	No.	Female		White		06		77	YRS.		
55		RTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DE	ATH	
U		rion Kentu	ckey	U.S.	Α.	WIDOWI	373	Wicomico			MD.
1		TY OR TOWN OF DEA	ТН	11. NAME OF H	OSPITAL, NUE	RSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATE		KIND OF BUS USTRY	INESS OR
U		lisbury					Hospital	Shirt Fa	ctory	OJIKI	
5		AL RESIDENCE (# NURSI TATE aryland		OTHER INSTITUTION NTY	GIVE RESIDENCE BE 130. CITY OR T Fruit1		13d. INSIDE CITY LIMITS?	136 STREET ADDRESS /		218	326
2.2	_	THER'S NAME	WICC	mileo	ridici	and	15. MOTHER'S MAIDEN NA		WII DELEG	210	520
20		Edward	Ver	non Mal	com		I da	Mae		Hill	L
1		VAS DECEASED EVER (		MED FORCES?	166 SOCIALS			irs. Anna Ma	e Hill	(Daught	er)
/		No	,		214-	10-8793	115 N. Bro		itland. N	1d. 218	326
•		18. CAUSE OF DEATH PART I, DEATH W.	(Enter or	ly one cause per	line for (a), (b)	, and ign.	1, 1	0	В	APPROXIMATE I	NTERVAL AND DEATH
				E CAUSE (o)	Cong	estive	Meant F	allune -ch	ronic		
				DUE TO, OF	ASIA CONSE	QUENCE OF	10 14	1 11			
		Conditions, if ony, gove rise to imm		(b)	1/3/10	1103(16	non Heo	nr due	ne		
		cause (a), stating	g the	DUE TO, OF	AS A CONSE	QUENCE OF					
				( (c)				· · · · · · · · · · · · · · · · · · ·			
	z	A /		CONDITIONS CO	NTRIBUTING		NOT RELATED TO THE TERM				•
0	TIO	190 DATE OF OPERAT	ary	CV/160	TION FOR WH	-007	NWAS PERFORMED	206 AUTOPSY?	betwo M		
4	CERTIFICATION	148 DATE OF OPERAT	ION	TAR COMPI	TION FOR WH	ICH OPERATIO	IN WAS PERFORMED		IN CERTIFYING	AUSES OF D	EATH?
	ERTI	21a, ACCIDENT WAS UND	FRIVING F	7 1h. TIME O	F IN ILIPY		21c. HOW INJURY OCCUR	YES NO	YES _		
1		OR CONTRIBUTING C	AUSE OF DE	HOUR A.	M. MONTH	DAY YEAR	THE TIOM IN JOKY OCCOR	TENTER NATURE OF INJUI	THE TEM IS PART TOR	PART 27	
7	MEDICAL	(# EITHER, NOTIFY MEDIC 21d. IN JURY OCCURR		P./		19	211 LOCATION				
	ME	WHILE   NOT WH	ILE 🗍		EET, FACTORY, OFF	ICE, FARM, ETC )	STREET	CITY OR TO	WN COI	YINL	STATE
		228.1 certify that (I)	K	tal) attended th	decented fro	-	14 10 80	1 . 7/	8 10 8	U about	th (we) lest
		sow the decease above, (i) (we) (i)				C 01 4	nd that in (arr) (our) opinion	death occurred on the de	ite and hour and fr		(we) lost
		above, (we) (we) 22b. SIGNATURE	(did no	w the boody	after death.		DEGREE			DATESIGN	-
			1.1	12200	سيا	N	ATTENDING PHYSICIAN P	MEDICAL STAF		7/in/	84
1		226 PHYSICIAN'S NA	ME A				22e. ADDRESS	J DIRECTOR   PHISIC	IAIY	11010	/ /
		D.C. Con	007	M.D.			Soliah	Manus 1 and	21901		
_	23a B	URIAL, CREMATION, I			1 2	3c. NAME OF C	L Salisbury,	Maryland 123d LOCATION	21801		
	(	Burial			1		o Memorial Pa	city or town	ury Wicor	nico M	state arvland
	24 FL	INERAL DIRECTOR		1 ,, 11		comit		E REC'D. BY REGISTRAR	25b. REGISTRAR'S	IGNATURE	ar y raile

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Holloway Funeral Home, Salisbury, Maryland

JUL 1 3 1984



X	1-	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 44	203	6
	1 05/	REGISTRAR  CEASED NAME FIRST	3/COLM	CERTIFICATE OF DEATH	REG. NO.  28. DATE OF DEATH MONT	TH DAY YEAR	In nous
		CEASED NAME FIRST Willia	Milott	144		/	7:00 A M
may be page 3	3. SEX		1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	W 1	IF UNDER 24 HRS.
Page 4 m		Male	Cau.	Apri1 17, 196	5 18	YRS. DAYS	HOURS MIN.
de off. P.	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY  USA	MARRIED NEVER MARRIED XX	% BALTIMORE CITY OR CO WICOMICO	UNTY OF DEATH	MD.
olei.	Se	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS PENINSUCH FACILITY, GIVE STRE PENINSULA  GET	ng HOME OR OTHER INSTITUTION PART ADDRESS) Neral Hospital	17a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WOR	RKING LIFE) 17b. KIND OF INDUSTRY	gh Schoo!
AND 212	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUNCE)	OTHER INSTITUTION, GIVE RESIDENCE BERI NTY 13c. CITY OR TO SSEX Bridge	ville YES NO X		CODE OX 292	199
completely	14 FA	THER'S NAME Howard	W. Alle		e M.	Allei	n
be execution and control from the contro		VAS DECEASED EVER IN U.S. AR. TES, NOORUNKNOWN)   IF YES, GIV	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 221-56	-4426 Howard W.	Allen Brid	geville.	DE 19933
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours attending physician.  After this certificate has been signed by the attending physician and completely filled in bits the burial-straint permit. Then please remove corban papers. Page and Mental Hygiene prior to burial, cremation, or removal.  And Mental Hygiene prior to burial, cremation, or removal.	NO	PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	Leukemia UENCE OF	AIN AL DISEASE OR CONDITIO		IMATE INTERVAL ONSET AND DEATH
L RECOR	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDIN CERTIFYING CAUSES YES	NGS USED OF DEATH?
DIVISION OF VITAL RICHARD OF VITAL RICHARD OF ATTACH IN SECULATION OF A STATE	MEDICAL CERT	2 ) B. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN IT		
DIVISION O DING PHYSICI or attending it After this cert se as the burial inclin and Mente	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	1/61/ 00	CITY OR TOWN	COUNTY	STATE
2 Pital		saw the deceased alive an above, (I) (we) (did) (did na	tal) attended the deceased from  Val V  19  1) view the body after death.	and that in (my) (our) apinion	death accurred on the date or	nd haur and Iram the o	
HOSPITAL OR A fined by the hos FUNERAL DIRECT of the Store Dept.		226 PHYSICIAN'S NAME (TYPEO	all,	DEGREE ATTENDING PHYSICIAN  120 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN		. /
TO HOSPITAL Cretoined by the TO FUNERAL E should be deton with the Store E IMAPORTANT: if	22	DAVID E	COLLALL,	MD Salisbury		5+	
		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY  4 Odd Fellows	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP OHMH 16 50M 4/83 (VRA 15/4)	74.49 H.	B. Hardesty	200 ADDRESS Sons-Bridg	2 Laws Street 250 DA	Seaford, TE REC'D. BY REGISTRAR 256. R	REGISTRAR'S SIGNATION OF THE PROPERTY OF THE P	URE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME KNOWN DO 2a. DATE DAY (TYPE OR PRINT) 418 7-4-84 BLANCHE BAILEY DEATH MATED FUNERAL DIRECTOR 5 FOR YOUR FILES 5, WITHIN 72 HOURS 3 SEX 4. RACE IF UNDER 24 HRS DATE 2d. HOUR 91<sub>YRS.</sub> MONTHS PRONOUNCED 11 10-21-1892 Black Female DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH Ta BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED EGREIGN COUNTRY) Wicomico WIDOWED A DIVORCED PAGE 5 E FILED, 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS 120 USUAL OCCUPATION LTYPE OF WORK **OR INDUSTRY** Salisbury 06 Coulbourne 2, AND 3 TO 3. RETAIN PA Drive 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS Wicomico Salisbury Md. 106 Coulbourne B. GIVE PAGES 1, 2, WITH FORM PM 3. IT. PAGES 1 AND 2 S. DIVISION OF VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) -20-4302 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PED TO THE CHIEF MEDICAL EXAMINER ALONG 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMI PER PROPERTIENT OF HEALTH AND MENTAL HYGIENE, 1 PRIÇA TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease years DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? VER: THIS CERTIFICATE SHOW CATE, WRITING THE WORD FORWARDED TO THE CHIE NO X 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE ST.
BALLIMORE, MARYLAND, 2 Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian ural causes X death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Deputy SIGNATURE EXAMINER'S NAME Earl L. Royer, M.D. 409 Camden Ave., Salisbury, Md. TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE BP **DHMH - 17** Joiney Funeral Home, Salisbury, Md. (VR A15 ME (5)) 20M 4/82

- 1		son.				OF MARYLAND	8 4	9	0.3	6 3
- 1	1 -	FOR STATE		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH		60	0 0	
- 1	1 DEC	REGISTRAR CEASED NAME FIRST	MIDE	DLE		AST	REG. No 2a. DATE OF DEATH	D. HINOM	DAY YEAR	2b. HOUR
		Claren		•	aKe		Tu		29 84	115
M	3. SEX		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	_	IF UNDER LYEAR	IF UNDER 24 HI
	1	nale	BIK		Aug	11 1918	65	YRS	MONTHS DAYS	HOURS M
6		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WH	- 4	B. MARPIET	A NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
0		Hd.	45	**	WIDOWE	D DIVORCED	Wicomico			
1	10 CI	ITY OR TOWN OF DEATH		SPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS (
1	Sa	lisbury	Peninsul	la Gene	eral	Hospital				
4	13a S	AL RESIDENCE (IF NURSING HOME OF STATE Md 136 COU	NTY 13	RESIDENCE BEFORE	N	13d INSIDE CUTY LIMITS?	13e.STREET ADDRESS :		1/2 3	4258
11	14. FA	ATHER'S NAME			/	15 MOTHER'S MAIDEN NA	ME )			
//		-THOMAS	MIDDLE B	KER	1	MADEL	WIDDLE	TSAK	TEL IAS	1
1		WAS DECEASED EVER IN U.S. A		SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS	SALL	shiely
/	(,	YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	1/3-24-	5777	EUNICE	BAKEL	(CS)	FR) 45	CABINA
		18. CAUSE OF DEATH (Enter o	nly one couse per lin	e for (a), (b), an	dicit				APPROXI	MATE INTERVAL ONSET AND DEAT
		PART I. DEATH WAS CAUS	ED BY	anive	ati	c can cf	0			
		MACOIA		IS A CONSEQUE	ENICE OF				19 4 Marie	The south
		Conditions, if ony, which	(b)	13 A CO113EO01	LIVEE OF					
		gave rise to immediate cause (a), stating the		S A CONSEQUI	ENCE OF					
		underlying cause last.	(6)	IS A CONSEQUI	EIIGE OI					05
		PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 110	
	0 N									
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN FYING CAUSES	
7	TIF	1121/64					YES NO		ES [	NO 🗌
		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE	1400110 0 11	NJURY MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
7	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	AID .		19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	INJURY	ARM ETC 1	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	2	AT WORK AT WORK				/	,		Α.	
		22a I certify that (I) this hosp			7	100	7.10.7/2	29		that (I) (we)
		sow the deceased arve or above (1) Jwe (raid) Idid n		ter death.	44. on	d that in (my (our) opinion	death occurred on the d	ote and ho	ur and from the	causes stated
		27th GIONAFURE	0.		(	DEGREE	MEDICAL STA		22c. DATE	SIGNED
	ш	Itle to	Uses	, ,	10	ATTENDING PHYSICIAN	MEDICAL STA		17/	25/8
		226 PHYSICIAN'S NAME LITTE	ORPRINT)			22e ADDRESS	1 01	0	1. 1	-/-
H .			001-0			1 1 V A 1 "	TO NY	11	1 0 50	
		0 /7	ucicel	no	0	218 New	104 41	300	( . 7 00	7,2

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

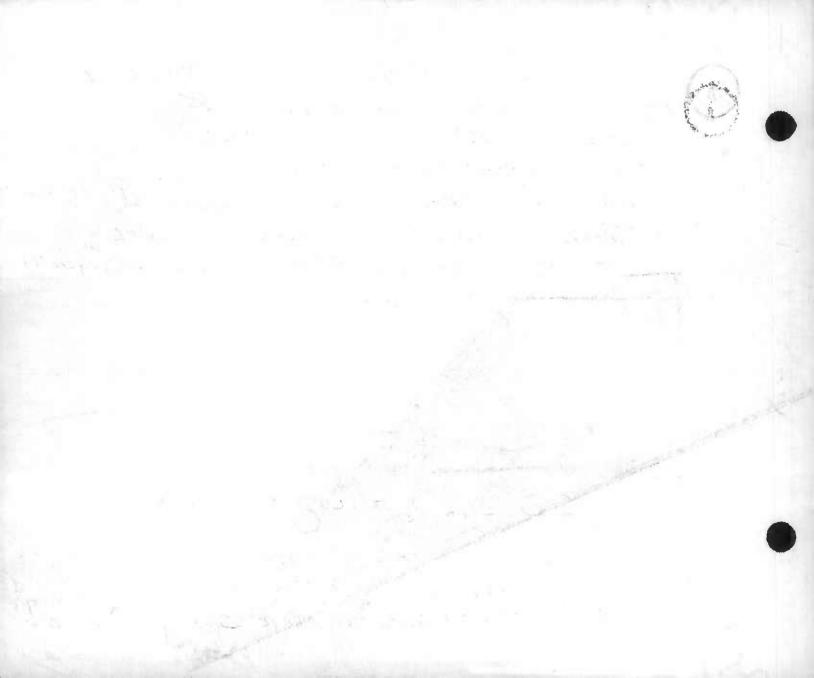
FOOKS FUNERAL HOME WEST RD.& BOOTH ST. SALISBURY, MD 21801

ADDRESS

ACKAS MEN PK SAKBORY WICE

250 DATE REC'D. BY REGISTRAN'S SIGNATURE

JUL 31 1984 WINDOW PANO



- 1			STATE OF MARYLAND	0 7 6 0
- 1	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE O	0 0 0 4
-1		REGISTRAR	CERTIFICATE OF DEATH REG. NO.	4- *
- [		CEASED NAME FIRST		DAY YEAR 76 HOUR
1		SION	ey WILDE BENDER JULY 11	1984 1108 N
	3 SE	×	4. RACE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
į		-emale.	white 8 21 1934 49 yrs.	
70	3 B	COURA KZATORIONIO	76. CITIZEN OF WHAT COUNTRY?  1. S. A WIDOWED DIVORCED WICOMICO	OFDEATH
	10.0	CALF,	11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
ì		alisbury	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	E) INDUSTRY
	1	-	Peninsula General Hospital House Wife	1000 HOME
	13a	STATE   136 CO	UNITY 13. CITY, OR TOWN 13d INSIDE CITY LIMITS? 13. STREET ADDRESS 7 ZIP CODE	e R. 21801
		ATHERS NAME	15. MOTHER'S MAIDEN NAME	11 11
		Drummor	udolle KATherine MIDDLE	KeLL4
1		WAS DECEASED EVER IN U.S., YES, NO PRUNKNOWN) (18 YES,		0 /2
	<u> </u>	NO	- \$49-48-4011 KALPH W. DENGER III S	ce Sec 13
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per much much and real	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
l			ATE CAUSE (0)	
			DUE TO, OR ASA CONSEQUENCE OF	
ı		Conditions, if ony, which gove rise to immediate	(6) 2000	
I		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	
ı		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV	EN IN PART 110
	Z	, , , , , , , , , , , , , , , , , , ,	TO THE TENNING CONTROL OF THE TENNING POLICY OF CONTROL OF	CIVITY PART TIG
Ì	CERTIFICATION	190 DATE OF OPERATION		S, WERE FINDINGS USED YING CAUSES OF DEATH?
	TIF			S NO
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 116 M 18 F	PART 1 OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM)	√ER) P.M. 19	
	WED	WHILE NOT WHILE	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET STREET CITY OF JOHN	EXCURITY STATE
		AT WORK AT WORK	1 1 1 1 1 1 1	all
		22a. I certify that (I) (this has sow the deceased alive	on 19 , and that in (my) (an apinion death accurred on the date and hou	, that (I) (we) la
		obove, (I) (ve) (did) (did	MOT) view the body ofter death.  DEGREE	226 DATE SIGNED
			ATTENDING MEDICAL STAFF	7/11/198
-		224 PHYSICIAN'S NAME (TY	PHYSICIAN DERECTOR PHYSICIAN 120 POWER	STREET
		DSWAIN	J. BURTON SALISBURY Md. 2	1801
1	23a	BURIAL, CREMAJION, REMOV	AL 236 DATE 234 NAME OF CEMETERY OF CREMATORY 238 JOCATION	^ /
	(	Remation	7/11/1984 PELMARVA Crematory Lewes S	155ex DEL
	24 F	UNERAL DIRECTOR	25a DATE/REC'D. BY REGISTRAR 25b REGIST	RAR'S SIGNATURE
	L	ALENT DOUI	VOS JAUSDUNY, NO JUL 13 HOW guid Davids	n-Nondame

DHMH - 16 50M 4/B3 (VRA 15, 4)

of o



- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

1. DECEASED NAME

9. BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR THE OF WORK FOR MOST OF WARKING LIFE) INDUSTRY COMPOSITOR 13e STREET ADDRESS AZIP CODE 2/80 APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIQ 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CITY OR TOWN COUNTY STATE and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated 221. DATE SIGNED DIRECTOR PHYSICIAN Wid Davidson

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

IF UNDER 1 YEAR

2b. HOUR

IF UNDER 24 HRS

20 DATE OF DEATH



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

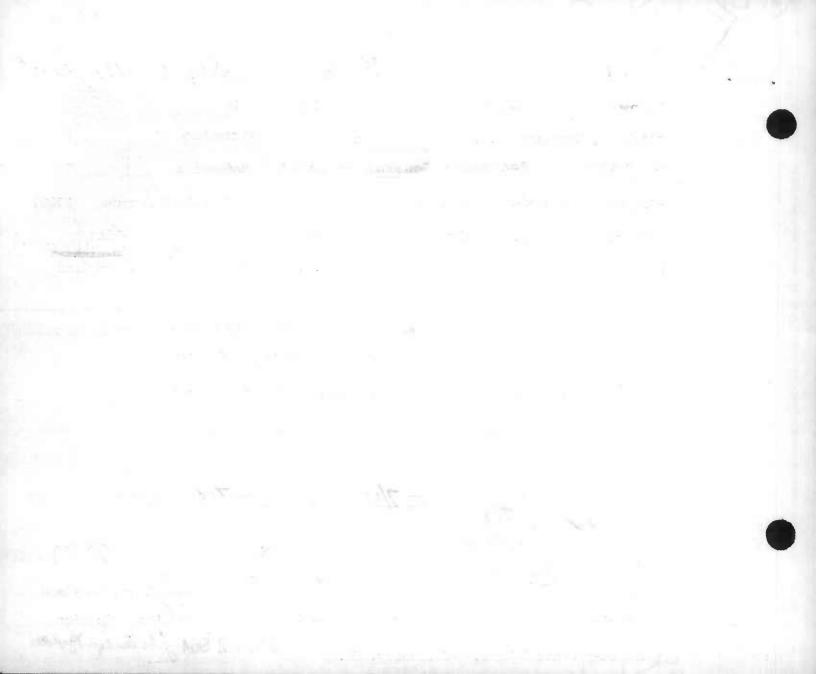
FOR

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V.	h.	FOR STATE			DEPART			MENTAL HYG	SIENE O	e y	him	0	0 1	
	Ľ	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.				
		CEASED NAME	FIRST	A	AIDDLE	+	DOTH .	·	20. DATE OF	DEATH MO	D HINC	AY YEAR	2b. HOUR	_
1		CARRIE		MAE		Ŀ	ooth		J	uly	8	1984	2300 M	1
	3. SE	x		4 RACE		5. DATE O			6 AGE (IN YE	ARS LAST BIRTHD		FUNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.	_
	1	Emale		WHITE		04		1898	86		YRS.	UNINS DATS	HOURS MIN.	
2		RTHPLACE (STATE OR FO	REIGN ]	Th CITIZEN OF	WHAT COUNTRY?	8.	□ NEVER	MARRIED -	9. BALTIMORE CITY OR COUNTY OF DE		OF DEATH		_	
8		country)	arvla	nd U.S	Α	WIDOWE		NORCED	Wicon	ico			MD	)
V/0	10. C	ITY OR TOWN OF DEAT		<ol> <li>NAME OF I</li> </ol>	OSPITAL, NURSIN	NG HOME O			120 USUAL C	CCUPATION			OF BUSINESS OR	Ė
50	Sa	lisbury		Penin	H FACRLITY, GIVE STREET Sula Ge	nera]	Hos	oital		FORMOSTOFW ewife	/ORKING LIFE)	INDUSTRY		
2/11/2	USU 13a	AL RESIDENCE (IF NURSIN	IG HOME OR O	OTHER INSTITUTION		E ADMISSION]		CITY LIMITS?	13e.STREET A		ZID CODE			-
Z////		ryland	Wico		Salisb		YES T	NO 🗍		Hollan		enue	21801	
27/1	14. F.	ATHER'S NAME					15. MOTHER	'S MAIDEN NA			<u>u 1110</u>			-
201		Edward	A	S.	Phipps			Mary		WIDDLE		White		
9		WAS DECEASED EVER IT		AED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORM		Chin	ley Sh	5 4-	1.22	COUSIN	-
medico	1	YES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	220-32-	-0562D	T	O. Box		Salis		( <del>Daugl</del> Mary		-
		18. CAUSE OF DEATH	(Enter ppl	v one chuse per				.0. 002	1012	Dalis	nury,	APPRO)	XIMATE INTERVAL	=
event, the		PART I. DEATH WA	S CAUSED	BY: E CAUSE (a)		trau	las to	brilla	tron				Onst this start	340
-		'	MMEDIAII				U							-
traumotic		Conditions, if any,	which	DUE TO, OI	R AS A CONSEQU	cute	rugo o	arded	2 Infa	1 chos	^			
ar tro		gove rise to imme	ediote	DUE TO O	R AS A CONSEOU		0							_
to the		underlying couse	lost	(10)	AS A CONSEGO	C	rone	y arts	my old	ocase				
ν, α		PART 2 OTHER SIGNI	FICANT C	CANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR							N IN PART 1	lo:	Ξ	
injury,	CERTIFICATION	Gram	tre.	Coccaer	ma / a	eterco	sclare.	sis C	VAW	part	-			
No /	\ V	19a. DATE OF OPERATI	ON	196 CONDI	TION FOR WHICH	OPERATIO	WAS PERF	ORMED	20a AUTO		Ob. IF YES,	WERE FINDI	NGS USED	Ī
39	III								YES []	NO	YES		NO 🗆	
18 /		21a. ACCIDENT WAS UNDE		21b TIME O	FINJURY M. MONTH D	AY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTER NAT	URE OF INJURY I	N ITEM 18 PAI	RT I OR PART 2)		
Fed	3	(IF EITHER NOTIFY MEDICA				19								
ō	MEDICAL	21d. INJURY OCCURRE		21e. PLACE (	OF INJURY EET, FACTORY, OFFICE, I	FARM. ETC.)	211 LOCAT			CITY OF TOWN	ı	COUNTY	STATE	
marked	\ \ \	AT WORK ON AT WORK	E			7/1			7	18				
is ii		22a.   certify that (1) (1		71101		1/4			, to/				, that (I) (we) last	
21		sow the deceased above, (1) (ve)	alive on did not	view the body	after death	, on	d that in (m)	r) (our) opinian	death occurred	I on the date	and hour	_		
F Fe H		22b. SIGNATURE	1	zus.	armel		DEGREE	ATTENIONICA	# AAEDICAL	CTAFF		22c DATE	ESIGNED	
				0	BAL AG	ARWAL		ATTENDING PHYSICIAN	DIRECTOR [	PHYSICIA	N	7/7	1849	
MPORTANT:		22d. PHYSICIAN'S NA	ME	TIA.	and		22e. ADDRE			2190	1	/ '		
<u>A</u>			1.0	and )			1	CHM	0	2180 Sa1	ishur	v Mar	cyland	
≤	230	BURIAL, CREMATION, R	EMOVAL	13h BATE	230	NAME OF C	EMETERY OF	CREMATORY	23d LOCA	low lan		COUNTY	STATE	-
_		Burial		7/11/	1984 V	Vicomi	co Mem	orial P	atk	Sali	sbury	Wicon	nico	
4/83	24 F	UNERAL DIRECTOR			ADDRESS			250 DAT	E REC'D BY RE	GISTRAR 25	EGISTR	AR'S SIGNAT	TUDE	Ī
				. 7 77	ADDRESS		263	16.	UL 12	NO4 5	fulle &	widon	A Contraction of	



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24 hours ofter

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injury, ar other troumotic event, the

and Mental Hygiene prior to burial, burial-transit per

IMPORTANT: If Item 21 is marked or Item 18 shaws

24. FUNERAL DIRECTOR

should be detached for use as with the State Dept. of Health FUNERAL DIRECTOR:

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE **CERTIFICATE OF DE** REGISTRAR

DECEASED NAME

LAST

ATH										
	REG. NO.	100								
	20 DATE OF DEATH MONTH DA	AY YEAR	2b. HOUR							
1	July 23	21984	5:45 A							
	6. AGE (IN YEARS LAST BIRTHDA)	F UNDER I YEAR	IF UNDER 24 HRS							
1 YEAR	53 YRS.	ONIHS DAYS	HOURS MIN.							
RRIED 🗆	9 BALTIMORE CITY OR COUNTY C	OF DEATH								
RCED	Wicomico									
UTION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)		BUSINESS OR							
al	Engineer		Steel.							
LIMITS?	13e.STREET ADDRESS / ZIP CODE									

(TYPE	OR PRINT)	homas		N.		Brown		Jul	4 2	2198	4 5:45A
3. SEX	(		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEA	RS LAST BIRTH		IF UNDER 1 YEA	AR IF UNDER 24 HRS
	Male		White		Apri.		53		YRS.	AONIHS DAY	S HOURS MIN.
	RTHPLACE (STATE OF	EOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE	CITY OR	COUNTY	OF DEATH	
	OUNTRY)  MXXXII Pen	na	U.S.	A.	WIDOWE		Wicom	ico			MD
0. CI	TY OR TOWN OF DE	ATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OC				OF BUSINESS OR
Sa	lisbury		Penins	ula Gen	eral	Hospital	Engine		VORKII VO CII I		h Steel.
	AL RESIDENCE (IF NUR TATE	13b COUN		GIVE RESIDENCE BEFORE 136. CITY OR TOW		13d INSIDE CITY LIMITS?	13e.STREET AD	DRESS / 2			
4 FA	Masuland	Bal	<del>timore -</del>	Perry H	<del>all</del>	15. MOTHER'S MAIDEN NA		Dun	кета	CE	21236
	FIRST		MIDDLE	LAST		FIR51		WIDDLE			LAST
	Nicholas		A	Brown		Esther	Lou	ise ADDRES		Clar	k
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT		ADDRES	5		
	Yes	WW	7.7	228-36-0	744	Mrs Catheri	ne E Bro	own		Same	As 13e
NO	Canditions, if any gave rise to im couse (a), stati underlying caus	r, which mediate ng the e last.	(b) DUE TO, OI	R AS A CONSEOU	ENCE OF	NOT RELATED TO THE TERA	MIN AL DISEASE (	or condi	TION GIV	EN IN PART	lio
ATIC	19a DATE OF OPERA	MOITA	1%. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOP				DINGS USED
FIC							YES	NOT		YING CAUS S 🗍	SES OF DEATH?
MEDICAL CERTIFICATION	2)a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d. INJURY OCCUR	CAUSE OF DEA	P. PLACE	M. MONTH D. M.	19	211. HOW INJURY OCCUR	RRED (ENTER NATU		IN ITEM 18 P		
	22a.1 certify that (1	) (the hospi	July.	21, 198	July 3	15 , 1984 nd that in (my) (aur) apinian	death accurred	on the date	e and have	19 <b>84</b> r and from t	_, that (I) (werlost he causes stated
	226. SIGNATURE	odn	ey a l	Ilmid	h, n		MEDICAL DIRECTOR	STAFF PHYSICIA		22c. DA	TE SIGNED
	100 POWE		1 100h	ISBURY P	NRICH	100 POWER	× < T	SA	LISK	uev b	d. 21801

100 POWER ST. U SALISBURY Prd. 236. BURIAL, CREMATION, REMOVAL (SPECIEV) (SPE 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Westview Mem Park

51. 23d LOCATION

COUNTY Baltimore, Maryland 250. DATE REC'D. BY REGISTRAN 24 BEGISTING TO SOME

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

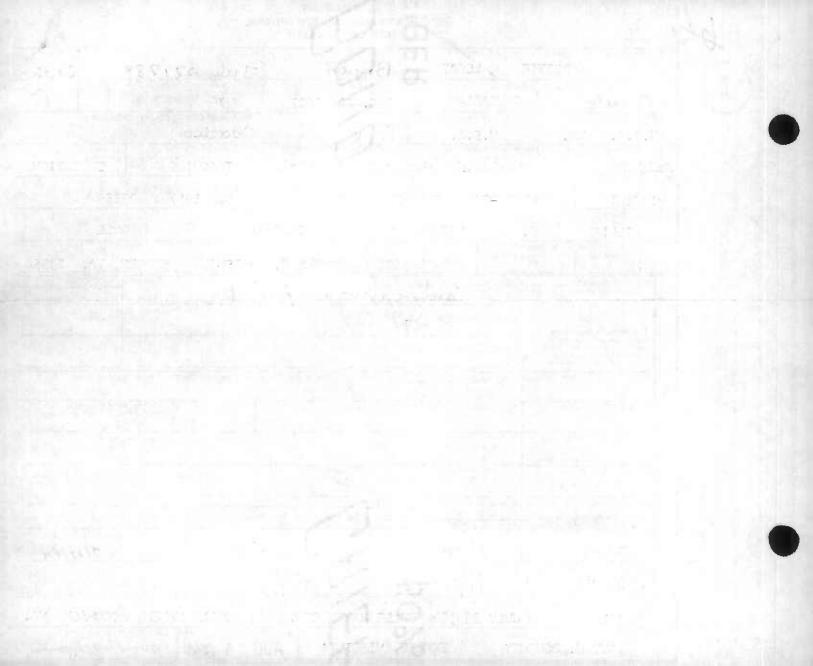
ADDRESS

7/24/84

Leonard J Ruck Inc. Baltimore, Maruland



[VRA/15,4]



1		STATE OF MARYLAND	
	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	203/0
	DECEASED NAME INPERIOR PRINT)	MIDDLE LAST 20 DATE OF DEATH MC	1984 228 M
	Female	4. RACE S. DATE OF BIRTH BONTH 1899 84	
of 22 ho	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR WICOMICO	COUNTY OF DEATH  MD.
1	City OR TOWN OF DEATH Salisbury	PENINSULT, SIVESING HOME OR OTHER INSTITUTION PENINSULTY, GIVE STREET ADDRESS!  120 USUAL OCCUPATION TO BE SIVE STREET ADDRESS!  120 USUAL OCCUPATION TO BE SIVE STREET ADDRESS!	
47	a. STATE 13b_COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 134, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET, ADDRESS / Z SSCY LAUPEL YES NO 150	IP CODE 4B/9999
	FATHER'S NAME EATL	MIDDLE JENNINGS MADEN NAME MIDDLE	EARLey
Sold To	(YES, NO PROHINOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECURITYNO. 17 INFORMANT / PORTS BALLY	7 River Drivero
onpopers emovol. event th		nly one couse per line for (a), (b), and (c).) ED BY:  UTE CAUSE (a) Municipal Municip	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the attending ase remarkan, ar attending attending at attending	Conditions, if any, which gave rise to immediate couse (a), stoting the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b) C STEWNORTH CENTER WARREN DUE TO, OR AS A CONSEQUENCE OF	30 %
hen pled to burial ijury, or		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT	TION GIVEN IN PART ITO
1 1	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? YES NO	06. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
em 18 th	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DI  (IF EITHER, NOTHY MEDICAL EXAMINI	HOUR A.M. MONTH DAY YEAR	NITEM 18 PART I OR PART ?)
o pead	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN	COUNTY STATE
21 is ma	sow the deceased plive o	oital) attended the deceased from, 19, to	ond hour ond from the couses stated
At DIRECTOR	27b. SIGNATURE	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	224. DATE SIGNED
APORTAN	Nevins V	V Todd Jr. SAISDUNG, MAC	4LAND 21801
	BUPIAL CREMATION, REMOVA	1 236 DATE 1984 AMES CHAPE CEM WEST BI	ADENDUT FUDINTA
6-50M 4/83	BAKEC +BOI	UNDS SALISDURG, MD JULATE REGID TO TRANSPORT	Davids Signal des

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		riksi i			. 15 1	AST 1 0	OF	ESTI-		2h. HOUR
3 8/		DAIR		3-00			DEATH M	ATED	19	13es
3. SE				YEAR LAST BIRTH	DAY) MONTHS	W OT IDEN			DAY YEAR	2d. HOUR
21	100	7	3 20	22 62	YRS.	DATS HOURS	DEAD		2 184	1350
		7b. C	TIZEN OF WHA	AT COUNTRY?	8 MARRIE	D NEVER MARRI	9. BALTIMO	RE CITY OR COUN	TY OF DEATH	
		nia	U.S.A.			The second second		comico		MD.
10. C	ITY OR TOWN OF DE	ATH 11. 1				RINSTITUTION	12a USUAL OCCUPA	TION (TYPE OF WORK		JSINESS
0	Salisbur	V	Penins	ula Gene	eral H	Hospital		IG LIFE)	Recrea	tion
	AL RESIDENCE (IF IN N	URSING HOME OR OTHE		RESIDENCE BEFORE ADMIS	SION)				200	-
		ISB. COUNTY	V						1999	9
	ATHER'S NAME		- 4	chencore	-		N NAME			
21	^	MIDI	DLE R	unbhalda		FIRST	MIDE	DLE 1	Runbhan	+
7 16a.	WAS DECEASED EVER	R IN U.S. ARMED F	FORCES?			7. INFORMANT				
	YES, NO, OR UNKNOWN)	(IF YES, GIVE WAR O	R DATES)	177-14-1	120	Roathia	a A Rus	bhaldan		
					432	Deurnic	e v. bur	knozaen	A ORD OVIM A 7	E INITEDVAL
9 8	PART I DEATH V	VAS CAUSED BY:	cause per line ti		C4 0	celucia	nh-		BETWEEN ONSE	T AND DEATH
-13	OTTO LESS.	IMMEDIATE CA							Meda	126
	Canditions, if	any, which	DOE TO, OK A	3 A CONSECUENCE	Or (					
	gave rise to	immediate )	(b)						10076	
			DUE TO, OR A	S A CONSEQUENCE	OF					
		(	(c)							
z	PART 2 DINER SIGNIFICA	AT CONDITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO THE TE	MINAL DISEASE (	OR CONDITION GIVEN IN PAR	T 1 (a).			
A P	10- DATE OF OPEN	171011	In an							
/ S	196. DATE OF OPER	ATION	196. CONDITIO	ON FOR WHICH OPE	RATION WA	S PERFORMED?			20 AUTOPSY	?
41 2	AL ENTERNIAL CAL	155 144 5							YES 🗌	NO 🗹
					R 21c. HO	W INJURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PA	ART 2)	
7 2				19			THE CALL			10-11-12
WED Y			STREET, FACTO	RY, FARM, ETC.)			CITY OR TOWN	co	UNTY	STATE
	AT WORK AT V	VORK								
	22a. I certify that	I taok charge of t	he remains alescr	ibed above, held an	Autapsy	Inspection	Inquiry	and in my a	oinian	
	The second second				vicide .		•			
	1	0 7	5	100						
6	ACTUAL SIGNATURE	16	ne		M C	Debut	MEDICAL EYAMIN	DATE	7-5-8	7
		( 11	P				0 1	C		0
	(TYPE OR PRINT)	[21]	, Ko	Je V	Α.	DDRESS409C	unden H	m 21	ishung!	2
23a.E	BURIAL, CREMATION,			23c. NAME OF C	METERY OR	CREMATORY	23d. LOCATION		MAN	
		1/	6/84	Delman	va Ch	ematory		•		TATE
						25a. DATE R			IGNATURE	-
1		المرام الم	wagaran.	eny, ve.		JUL 1	0 1984	a Davidson	Randella	~ 2
	7.0. E VSU 13a. 3 V V 14 F F 16a. (C. TY)	1. DECEASED NAME (TYPE OR PRINT)  3. SEX  7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Penns VVal  1b. CITY OR TOWN OF DE  Salisbur  USUAL RESIDENCE (IF IN NI) 13a. STATE  Virginia  14. FATHER'S NAME FRIST  George  16a. WAS DECEASED EVER (YES, NO, OR UNKNOWN)  Yes  18. CAUSE OF DEA PART I DEATH V  Canditions, if gave rise to couse (a) statin lying cause last  PART 2 DIHER SIGNIFICAL  UNDERLYING CONTRIBUTING 21d. INJURY OCCUR WHILE AT WORK  AT WORK  22a. Lecrify that	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Pennsulvania  10. CITY OR TOWN OF DEATH  113. STATE  Virginia  14. FATHER'S NAME FIRST  George  16. WAS DECEASED EVER IN U.S. ARMED IN (YES, OR WARD ON OR WAS DECEASED EVER IN U.S. ARMED IN (YES, OR OR WINKNOWN)  18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY: IMMEDIATE CA  Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.  PART 2 DIHER SIGNIFICANT (DNDITIDNS CONTRIBUTIONS	TATE REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  3. SEX  4. RACE  5. DATE OF BIRTH DAY 220  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Pennsylvania  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPI (IF NOT IN SUCH FACE)  Pennsylvania  14. FATHER'S NAME FIRST  George  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  Yes  18. CAUSE OF DEATH (Enter anly one cause per line for part I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).  Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.  PART I DEATH WAS CAUSED BY:  190. DATE OF OPERATION  190. DATE OF OPERATION  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONTRIBUTING OR CONTRIBUTING TO DEATH BUT OF IT HOUR A.M.  21d. INJURY OCCURRED WHILE AT WORK AT WORK  22a. Lecrify that I took charge of the remains descreted the resulted frame. Natural causes ACTUAL SIGNATURE EXAMINER'S NAME EXAMINER'S NAME 23a. BURIAL, CREMATION, REMOVAL 23b. DATE  716/84	DEPARTMENT OF REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  1. SEX 1. SEX 1. RACE 1. DATE OF BIRTH (TYPE OR PRINT)  1. SEX 1. SEX 1. RACE 1. DATE OF BIRTH MODIE  1. SEX 1. SEX 1. RACE 1. DATE OF BIRTH MONTH DAY 1. CHIZEN OF WHAT COUNTRY?  Pennaylvania 1. CHY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME SAlisbury  USUAL RESIDENCE IF IN NURSING HOME OR CITHER INSTITUTION, GIVE RESIDENCE BEFORE ADMINISTRATE 1. SEX 1. SEX 1. SEX 1. NAME SALISBURY  USUAL RESIDENCE IF IN NURSING HOME OR CITHER INSTITUTION, GIVE RESIDENCE BEFORE ADMINISTRATE 1. SEX 1. SEX 1. SEX 1. SEX 1. NAME OF HOSPITAL, NURSING HOM (IF NOT INSUCH FACULTY, ONE STREET ADDRESS) Pennasula Gene USUAL RESIDENCE IF IN NURSING HOME OR CITHER INSTITUTION, GIVE RESIDENCE BEFORE ADMINISTRATION 1. SUCH FACULTY, ONE STREET ADDRESS Pennasula Gene USUAL RESIDENCE IF IN NURSING HOME OR CITHER INSTITUTION, GIVE RESIDENCE BEFORE ADMINISTRATION 1. SUCH FACULTY, ONE STREET ADDRESS Pennasula Gene USUAL RESIDENCE IF IN NURSING HOME OR CITHER INSTITUTION, GIVE RESIDENCE BEFORE ADMINISTRATION 1. SUCH FACULTY, ONE STREET ADDRESS Pennasula Gene USUAL RESIDENCE IF IN NURSING HOME OR CITHER INSTITUTION, GIVE RESIDENCE EXPONENCE (IF ALL TYPE OF THE INSTITUTION, GIVE RESIDENCE EXPONENCE IN SUCH FACULTY, ONE STREET ADDRESS Pennasula Gene USA. A.  1. CHIZE 1. SEX EXTERNATION 1. SEX	DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CI  TO STATE REGISTRAR  I. DECEASED NAME (TYPE ORPRINI)  J. SEX  J. SEX  J. BIRTHPLACE  J. BIRTHPLACE	MEDICAL EXAMINER'S CERTIFICATE O  DECEASED NAME (TYPE OB PRENT)  J. SEX  J. RACE  J. DATE OF BIRTH (TYPE OB PRENT)  J. SEX  J. RACE  J. DATE OF BIRTH (TYPE OB PRENT)  J. SEX  J. RACE  J. DATE OF BIRTH (TYPE OB PRENT)  J. SEX  J. RACE  J. DATE OF BIRTH (TYPE OB PRENT)  J. SEX  J. RACE  J. DATE OF BIRTH (TYPE OB PRENT)  J. SEX  J. RACE  J. DATE OF BIRTH (TYPE OB PRENT)  J. SEX  J. RACE  J. DATE OF BIRTH (TYPE OB PRENT)  J. 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R	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CAMPAGE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CAMPAGE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CAMPAGE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CAMPAGE  MEDICAL EXAMINER'S CERTIFICATION  MEDICAL EXAMINER'S CERTIFICATION  MEDICAL EXAMINER'S CHARGE  MEDICAL EXAMINER'S CERTIFICATION  MEDICAL EXAMINER'S CERTIFICATION  MEDICAL EXAMINER'S CERTIFICATION  MEDICAL EXAMINER'S CAMPAGE  MEDICAL EXAMINER'S CERTIFICATION  MEDICAL EXAMINER'S CERTIFICATIO	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO  REGISTRAR  T. DECEASED NAME  THE CHARGE   PART   PA	DECREASE NAME  1- STATE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRA  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRA  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRA  TABLE REGISTRA  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRA  TABLE REG

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 2n DATE OF DEATH DECEASED NAME Carey 26. HOUR William Mark CAREY JULY 4. RACE A AGE LIN YEARS LAST BIRTHDAY Male White 1912 74 BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED XXVEVER MARRIED Wicomico Fruitland, Maryland U.S.A. WIDOWED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Peninsula General Electrician Salisbury Hospital Maryland Wicomico 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 3'Sallisbury Rte #8 Parker Rd., 21801 NO [ 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME Williams Carey Mae Grover Rt. #8 Parker Rd., Salisbury, Maryland 21801 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 215-07-3635 18. CAUSE OF DEATH (Enter only one couse per lipe for to), (b), and to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO  $\square$ 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a L certify that (I) (the hospital) attended the deceased from and that in (my (our) opinion death occurred on the date and hour and from the causes stated DEGREE DIRECTOR PHYSICIAN Roger Merrill, M.D. 100 Power Street, Salisbury, Md. 21801

73c NAME OF CEMETERY OR CREMATORY

Parsons Cemetery

Holloway Funeral Home, P.A. Salisbury, Md.

7/27/1984

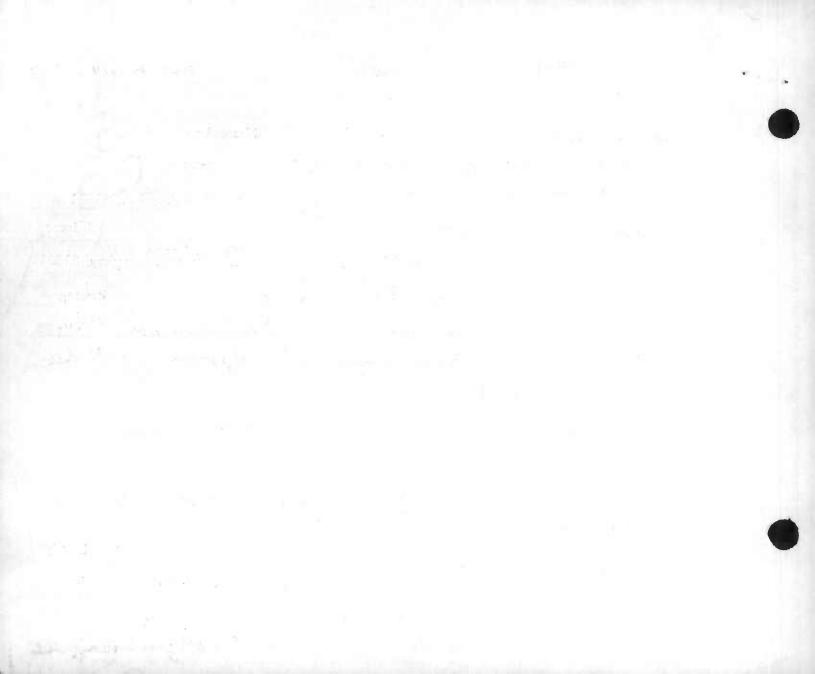
230. BURIAL, CREMATION, REMOVAL

Burial

Salisbury Wicomico Maryland

50 DATE REC'D BY REGISTRAN 256 DEGISTRAN'S SIGNATURE

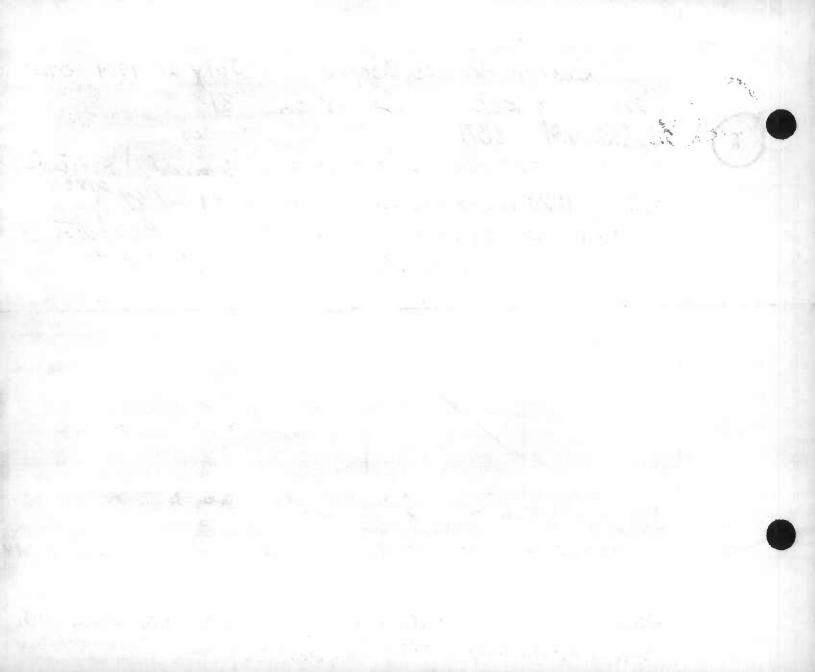
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V		1 -	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.	0 3 7 6
may be			CEASED NAME FIRST OR PRINT) AGNES		DAY YEAR 26 HOUR 1984 23/3 M IF UNDER TYEAR IF UNDER 24 HRS
Poge 4	(A)	7a. BI	Female		MONTHS DAYS HOURS MIN.
_ 0	led within 72	10 C	TY OR TOWN OF DEATH	WIDOWED DIVORCED WICOMICO  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) PENINSULA GENERAL HOSPITAL  WICOMICO (IT PE OF WORK FOR MOST OF WORKING LIFE  HOUSEWIJE  WICOMICO (TYPE OF WORK FOR MOST OF WORKING LIFE  HOUSEWIJE  WICOMICO  WICOMICO  WICOMICO  TO WORK FOR MOST OF WORKING LIFE  WOLLD  WICOMICO  TO WORK FOR MOST OF WORKING LIFE  WOLLD  WICOMICO  TO WORK FOR MOST OF WORKING LIFE  WOLLD  WICOMICO  TO WORK FOR MOST OF WORKING LIFE  WICOMICO  WICOMICO  TO WORK FOR MOST OF WORK FOR MOST OF WORKING LIFE  WOLLD  WICOMICO  TO WORK FOR MOST OF WORK FOR MOST O	MD.  12b. KIND OF BUSINESS OR INDUSTRY  Afone
. 100	Filled in by	USU. 13a S	AL RESIDENCE (IF NURSING HOME OR C TATE 136, COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ITY  13c. CITY OR TOWN  13d. INSIDE CITY LIMITS?  13e.STREET ADDRESS / ZIP CODE  2 NO   15	
	d completel and 2	16a V	Sen Jamin VAS DECEASED EVER IN U.S. ARM		LAST
BALTIN	physician and a pagers. Page moval. rent, the mode.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	by one cause per lige for (a), (b), and (c))  By:  We have the per light for (a), (b), and (c))  By:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON ST	ed by the attending lease remove carbor rial, cremation, ar rer ar ather traumatic ex		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF  (b) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV	5-10-ym.
AI RECORDS, he low requir	hos been signi t permit. Then p ene prior to bu	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir	his certificate burial-transit d Mental Hygid millem 18 th	MEDICAL CER	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED	TH HOUR A.M. MONTH DAY YEAR	COUNTY STATE
2 0	DRECTOR: After this order for use as the I Dept. of Health and I fee market	×	WHILE AT WORK AT WORK  22e.I certify that (I) (this haspite sow the deceased alive an ave, (I) (we) (did) (did nat	tol) attended the deceased from 10 July 19 84 , to 11 July 19 84 , to 11 July 19 84 , and that in (my) (our) opinion death occurred on the date and hour	
Og	Stote deta		A. PHYSICIAN'S NAME (TYPE OR	PRINT) / 122e ADDRESS	27. DATE SIGNED 7/11/84
BP_	should b	23a E	URIAL, CREMATION, REMOVAL SPECIFY BUTTAL	tenber Jos S. Division ST. SALISD  1236 DATO 1336 NAME OF CEMETERY OF CREMATORY CHYPORTONIC CHYPORTONI	county STATE Md.
DHMH - 1	5-50M 4/B3	24 FI	Deral Director Lams 11 Jan	For Figureral Home 150 DATE RECED BY REGISTRAR 251 MEDISTRAR 251 MEDISTR	RAR' AGNUE



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1	-1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	).	
* 25		CEASED NAME FIRST	LAST SA THE CARDED	20 DATE OF DEATH		h HOUR
4 may	3. 58	X	RACE S. DATE OF IRTH	6 AGE (IN YEARS AST BIRT	HDAY) IF UNDER TYEAR I	F UNDER 24 HRS
	DE	IRTHPLACE AND ALE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	YRS. R COUNTY OF DEATH	
( A)Z	42	IV OR TOWN OF DEATH	WIDOWED   DIVORCED	Wicomico	ON 126 KIND OF I	MD.
	s	alisbury	Peninsula General Hospital	TAYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	red
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Lond Co.		WAS DECEASED EVER IN U.S. AF [YES, NO OR UNKNOWN]   [IF YES, GI	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMAN 163 -18-1646	ker ald	Sang as	
thate by physicion physicion to opport. The soul.		PART I. DEATH WAS CAUSI	[ ] d[0, 0	an-	4 4	ATE INTERVAL SET AND DEATH
th cert nong corbor notice		IMMEDIA	DUE TO, OR AS A CONSEQUENCE OF			
the dec		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
signed her ple to burn or	Z.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110	
on.  Not been permit. I be some prior.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? YES ₩ NO	206. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES	S USED F DEATH?
CLAN, TI physics millicate al-transi trail Hygi		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH DAY YEAR		RY IN ITEM 18 PART 1 OR PART 2)	
Theraping the Sun Merchant Mer	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.]  211 LOCATION STREET	CHIY OR TO	wn COUNTY	STATE
ENDING fol or o OR, Aft r use or Health		AT WORK	ital) attended the deceased from 1987, and that in (my) (our) opinion			at (1) (we) last
OR ATTEN to hospital DRECTOR sched for a Dept of H M Nem 21 in		27h SIERVATURE	DEGREE ATTENDING	. MEDICAL STAF	771 DATE SI	GNED
HOSPITAL ned by th FUNERAL Jiff be det the Sope	7	224. PHYSICIAN'S NAME (TYPE	PHYSICIAN	DIRECTOR   PHYSIC	IAN July	24,198
5 5 5 5 W	73a.	BURIAL, CREMATION, REMOVA	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	county	STATE
BP DHMH - 16 50M 4/83	24	UNERAL DIRECTOR	7-25-84 WATERS UM	FORK N		M (J)
(VRA 15, 4)		OPPLY MP	n. Chapel Ha Tung mil III	1 3 1 1984	ia Daydon-Ma	TIMEDES



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The Month of the course of the seas, a december, Maryland



STATE OF MARYLAND

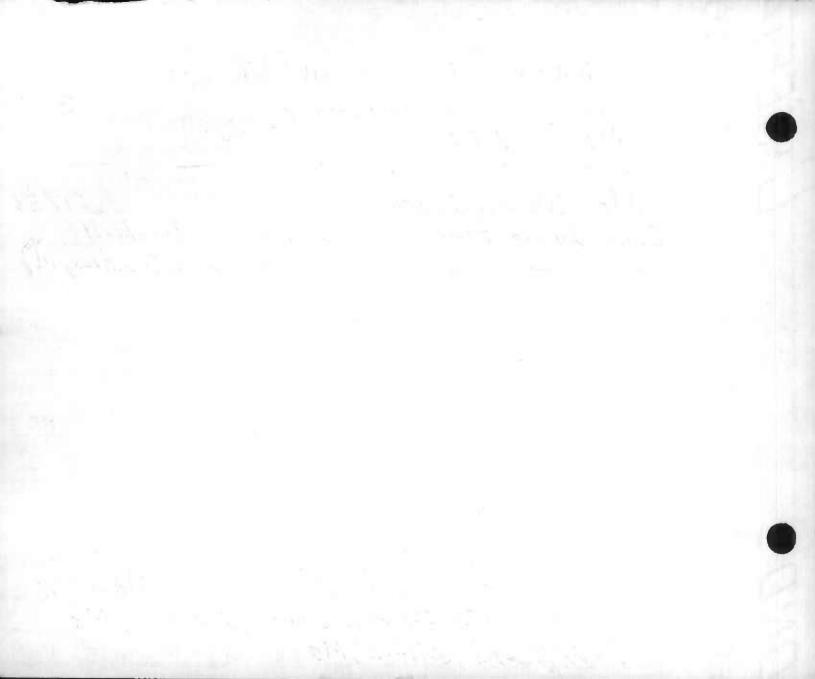
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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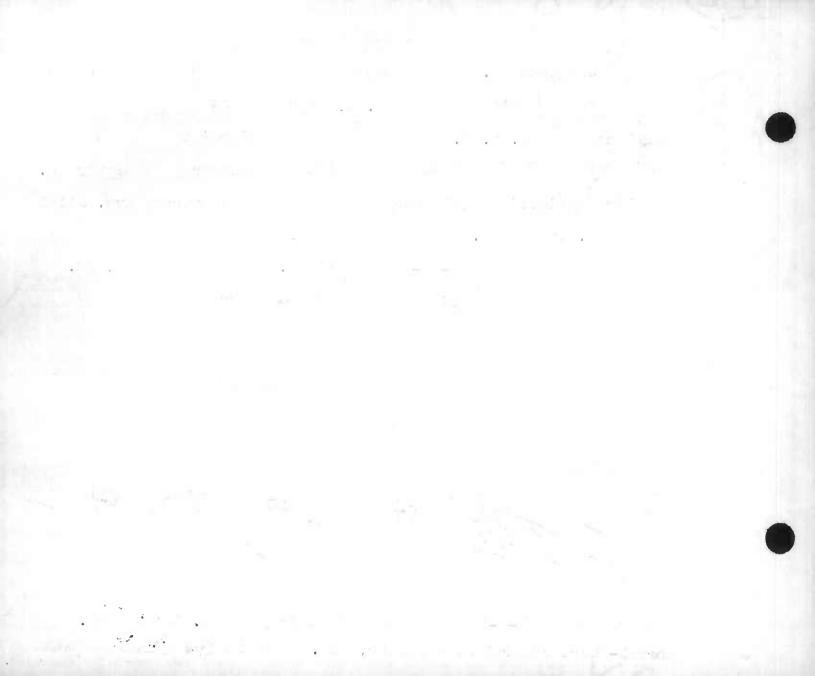


(	B)	1 -	FOR STATE REGISTRAR	per ph.		ATE OF MARYLAND FREALTH AND MENTAL HYG FIFICATE OF DEATH	SIENE 8 4	20	3 8 2
ay be	dead		CEASED NAME LATO	shia	ANN	DASHIELL TE OF BIRTH	20 DATE OF DEATH  JULY  6. AGE (IN YEAR'S LAST BIRT	MONTH DAY YEAR  3, 1984  HDAY)   IF UNDER LYEAR	26 HOUR 1500 M
oge 4 m	oto not	1.	Female	B/2.	ck 7:	DAY 984		YRS.	
eoth. Po	3		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHA	- A MAR	RIED NEVER MARRIED	Wicomico	COUNTY OF DEATH	, MD.
01 s offer o	90		TY OR TOWN OF DEATH	Peninsul	PITAL, NURSING HOM: HITY, GIVE STREET ADDRESS!  A Genera	LE OR OTHER INSTITUTION  1 Hospital	124 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
AND 212	35	13a. S	AL RESIDENCE (IF NURSING HOMEO STATE 13b FOU	ROTHER INSTITUTION, GIVE NTY 13c.	RESIDENCE BEFORE ADMISSING	130. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS /	ZIP CODE	21858
MARYL, ted within	220	14. FA	Tohy Lov	WIS El	52×	15. MOTHER'S MAIDEN NA	me MIDDLE	Dashield	Vi .
TIMORE,	. Poges			RMED FORCES? VE WAR OR DATES)	SOCIAL SECURITY NO	Chade	DISTRIBLE ADDRES	, Quanti	es, My
ST., BAL	emavol.		IS CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE) IMMEDIA		for it i, (b), and (g).	rity		APPRO BETWEEN	XMATE INTERVAL N ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours attending physician has been stoned by the attending physician	sase remave corb al, cremotion, or r r ather traumatic		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	A CONSEQUENCE O				
RDS, 20	Then plant to buring a hijury, a	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTI</u>	RIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	DITION GIVEN IN PART I	TO <sup>†</sup>
AL RECO	bene ne	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION	N FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
PHYSICIAN: T	riol-transition antal Hygin		2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	MONTH DAY YE	AR 9	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2]	
IVISION JG PHYS	s the burner of and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF III	NJURY FACTORY, OFFICE, FARM, ETC.	211 LOCATION STREET	CITY OR TO	VN COUNTY	STATE
R ATTENDIN	far use a af Healt		27s.1 ceptify that (II (this hasp yow the decadled aliff) or above. (I) (we) (did) (did) no			, and that in (my) (aur) apinion	deoth occurred on the do		, that (I) (we) last e couses stated
0 0 0			Legner U	1 60%	Zer MD	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAF	F	E SIGNED
O HOSPITAL			TYCP) JA	N COT	PER MY	22e ADDRESS 2//	560ey	MJ2	1801
₽ ₽ ₽ BP	₩ 3 ≧		SURIAL, CREMOVION, REMOVAL SPECIFY)	123h DATE 7/17/2	140 LUGA	CEMETERY OR CHEMATORY	262h	FIZE COUNTY	STATE
DHMH - 16		24 FI	INERAL DIRECTOR	mand	BIV21	103 Mail 250 DAT	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNA	TURE



and Winner American Mineral Mi	4. RACE White 75. CITIZEN OF WHAT U. S. A. 11. NAME OF HOSPIT Peninsuchacing Peninsuchacing AGE OR OTHER INSTITUTION, GIVE RES OUNTY 1136. CI	COUNTRY? 8 MARRIE WIDOW  TAL, NURSING HOME- TITY, GIVE STREET ADDRESS! TITY OR TOWN 2115 DURY LAST  OCIAL SECURITY NO. 4-09-8479  OT (a), (b), and (c)	OF BIRTH  H. 4, DAY 1917  ED  NEVER MARRIED DIVORCED DIVORCED COR OTHER INSTITUTION  HOSPITAL  134 INSIDE CITY LIMITS? YES NO DIS. MOTHER'S MAIDEN NO DIVERSE MAIDEN NO DIV. INFORMANT  LULU Pri  17. INFORMANT  Celia E.	Wicomico  120 USUAL OCCUPATI (179E OF WORK FOR MOST C Manager  130 STREET ADDRESS 1316 Eme:	MONTH DAY YE  JAMES 198  STHORY) IF UNDER TO  YRS. 178 KINDUS  POT  ZIP CODE  PSON AVE  ESS  Lisbury,	THAN HUNDER 24 HOURS MATTH
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IMMED	DIATE CAUSE (o)	BULLO	rol onfa	relien.		
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ying couse lost	(c)					
OTHER SIGNIFICAN	NT CONDITIONS <u>CONTRIB</u>	BUTING TO DEATH BU	T NOT RELATED TO THE TE	rminal disease or con	IDITION GIVEN IN PA	RT 1(o)
E OF OPERATION	196 CONDITION F	FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
CIDENT WAS UNDERLYING			21c HOW INJURY OCC	JRRED (ENTER NATURE OF INJU		
TRIBUTING CAUSE OF	PEATH	AONTH DAY YEAR	8			
URY OCCURRED	21e. PLACE OF INJ	JURY	211 LOCATION	CIN-ORTO	wn I coun	HY) STATE
NOT WHILE	(AT HOME, STREET, FAC	CTORY, OFFICE, FARM, ETC.)	ZIMEEL		1 20	D
ertify that (1) (this he	ospital) attended	med from	, 19.21	5 to /	0 10.86	I that (I) (We)
w the deceased alive ove. (I) (will leid) (dis		190	and that in (my) four opinion	on death occurred on the	ate and hour and from	m the causes stated
SNATURE	11616		DEGREE	/	22ε.	DATE SIGNED
	1			MEDICAL STA	FF CIAN []	
	THE ON PARTS		?2e ADDRESS		, in	
SICIAN'S NAME IN						
YSICIAN'S NAME IN						
	VAL 236 DATE	23c. NAME OF	CEMETERY OR CREMATOR	Y 23d LOCATION		_ STATE
	VAL   236 DATE   7-6-1984		_	- CITY OR TOWN -	Sussex De	el.
1		SICIAN'S NAME (THE OUTPH)	1115	ATTENDING PHYSICIAN	ATTENDING MEDICAL STA PHYSICIAN DIRECTOR PHYSIC  22e ADDRESS	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DIVISION OF VITAL RECORDS

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P - P -

## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME Donohoe Brandon Werton onahne 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 RACE 5. DATE OF BIRTH 1912 YEAR White 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR FOREIGN MARRIED X NEVER MARRIED Mardela Maryland U.S.A. Wicomico WIDOWED 12b. KIND OF BUSINESS OR IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE MErchant Peninsula General Furniture Salisbury Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Wicomico Salisbury 13e. STREET APPRESS FIR COPERd., 21801 113d INSIDE CITY LIMITS? NO [ 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME Ann Phillip T. Donohoe Goldie Daugherfy 16b. SOCIAL SECURITY NO. 17. INFORMA Mrs. Margaret B. Donohoe (Wife) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 212-16-7500 Same as #13e 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a | certify that (I) (this hospital) attended the deceased from

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Holloway Funeral Home, P.A. Salisbury, Maryland

7/29/1984

DEGREE

sow the deceased alive on.

22d PHYSICIAN'SINAME LEYPE OF PRINT

77h SIGNATURE

(SPECIFY)

23a BURIAL, CREMATION, REMOVAL

Burial

obove, (I) (we) (did) (did not) view the body ofter deoth

Manokin Presbyterian Cemetery Princess Anne BY REGISTRAR 256 REGISTRAR'S SIGNATURES

and that in (my) (@p) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

MEDICAL

PHYSICIAN K

IF UNDER 24 HRS

STATE

22c DATE SIGNED



FOR

REGISTRAR

L DECEASED NAME

- STATE

TTYPE OR PRINTS

Delmar. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OR TOWN and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 17r. DATE SIGNE PHYSICIAN DIRECTOR PHYSICIAN Burial CITY OR TOWN Bethel Cemetery Walston Wicomicc 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Marvel-Short Funeral Home Delmar, De. (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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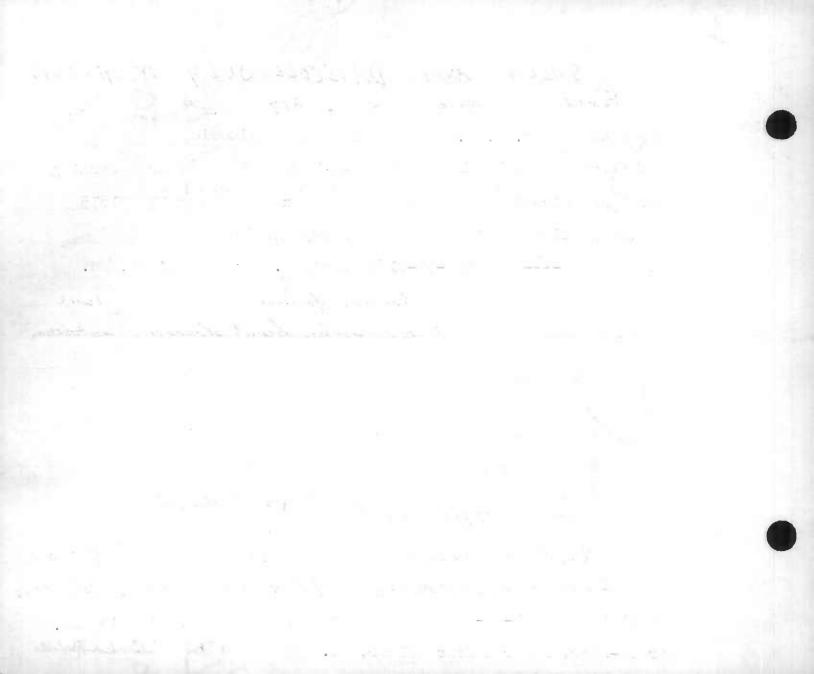
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6	1 -	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HY	GIENE 3	REG. NO.	L	0 0	0 /
of the pe		CEASED NAME FIRST ERNE		F.		LIOTT	2a. DATE O	FDEATH M	07-31-	YEAR 1984	26 HOUR 9:25 M
	3. SEX	ale	4. RACE	hite	5. DATE O		6. AGE (IN)	EARS LAST BIRTH		NDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
( H )65		RTHPLACE (STATE OR FOREIGN COUNTRY) Callisbury, Marylar	d U.S.		WIDOWE		WIC	COMIC			MD.
Sphre is the sphre	SA	TY OR TOWN OF DEATH LISBURY	SALISBU	JRY NURS	ING	ROTHER INSTITUTION HOME	12a USUAL ITYPE OF WOR Con	OCCUPATIO occupation structi	WORKING (JFE)	12b. KIND O INDUSTRY Ker	F BUSINESS OR
filled in I		AL RESIDENCE (IF NURSING HOMEO) TATE 13b. COUI	ROTHER INSTITUTION, NTY COMICO	GIVE RESIDENCE BEFORE 13c CITY OR TOW Salisbury		13d. INSIDE CITY LIMITS?		ADDRESS Goldsb	orough	Street	801
within soletely ad 2 st	14. FA	THER'S NAME FIRST  George	MIDDLE	Elliott		15. MOTHER'S MAIDEN N Ary		MIDDLE		astings	
oe executed composed in ond composed in Pages 1 or medical ex	16a V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? VE WAR OR DATES)	214-10-7		714 Goldsbo	. Louise rough S	E. Me	lnik (N sbury,		
certificate to physicial physicial physicial physicial proposers removal.		18. CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSI	nly one cause per ED BY: TE CAUSE (a)	line for (a), (b), and	ioc	anes	_			BETWEEN	MATE INTERVAL DUSET AND DEATH
not the death by the attendi sse remove co , cremation, a		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	R AS A CONSEQUE	10					41.	r-
quires signed Then pli to buri njury, o	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEAS	E OR COND	ITION GIVEN	IN PART 110	
n. now r. n. os bee os bee osermit. ne prior	CERTIFICATION	190 DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUT YES 🗌	OPSY?	206. IF YES, WIN CERTIFYIN YES [	G CAUSES	
PHYSICIAN: The ending physicion this certificate he buriol-tronsit put Membel Hygier d or Hem 18 show	_	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA M.	YEAR	21c. HOW INJURY OCCU	JRRED (ENTERN	ATURE OF INJURY	IN ITEM 18, PART	1 OR PART 2)	
uG PHYS offerdin free this c os the bur h and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
OR ATTENDIP  The hospital or  DIRECTOR: All  Sched for use of  Dept. of Healt  f frem 21 is man		22a.   certify that (I) (this hasp sow he deceased alive a above, (I) (we) (did) (did n		19_		nd that in (my) (our) apinic	on death accur	ed on the dat	te and hour a	nd from the	that (I) (we) last causes stated
ITAL by th By th State CNT:	1	THE PHYSICIAN'S NAME IN	eles 5	ly	/	4 6	MEDICAL	STAFF	AN 🗌	7/	31/84
TO HOSPITAL TO FUNERAL TO FUNERAL should be det with the State	22.	DR. EARL M.	BEARDSLE		NAME OF C	RT. 50& CIT			SBURY,		21801
BP		(SPECIFY) Burial	8/3/8			ton United M	ethodis	Cemt	ery	.00.471	Marylan
DHMH - 16 50M 4/82 (VRA 15, 4)	29. 1	UNERAL DIRECTOR NAME Holloway Funer	al Home	ADDRESS Salisbury	, Ma	ryland	AUG 3	1984	guia Da	viduor	Laston

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN TE MONTH DAY Zh. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 320 TTOT, LIE NORMAN ANDREW 2d. HOUR 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS DATE 8 VDS PRONOUNCED 12 12-2-1975 Male White YRS 76. CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED | NEVER MARRIED FOREIGN COUNTRY) Wicomico U.S.A. Maryland WIDOWED [ DIVORCED ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Student OR INDUSTRY Peninsula General Hospital Salisbury School USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Rt 1 Riverton Rd. 21837 Maryland Wicomico Mardela 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Billy FIRST Elliott Jr. Gail Mitchell Richard 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) 212-94-4977 Billy Richard Elliott Jr. Same as 13 e. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) MEDICAL EXAMINER ALONG W AS A BURIAL - TRANSIT PERMIT. EALTH AND MENTAL HYGIENE, D CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Fractured Skull minutes IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA USED AS A B DED TO THE CHIEF A SHOULD BE USED A DEPARTMENT OF HEA HEIOR TO BURIAL, C 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO IX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 240 P.M. 7-22-84 Passenger in auto involved in crash. 21e PLACE OF INJURY (ATHOME. 21f. LOCATION highway WHILE AT WORK 50 & Riverton Rd., Mardela, Wic., Md. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BAJIMORE, MATHURING Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Accident X Suicide Hamicide \_\_ Undetermined manner death resulted fram: TITLE (SPECIFY) ACTUAL SIGNATURE DATE 3-84 Deputy MEDICAL EXAMINER EXAMINER'S NAME Earl L. Royek, M.D. ADDRESS 409 Camden Ave., Salisbury, Md. 23g, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 7/25/84 Burial Parsons Cemetery Salisbury, Maryland

Be Date REC'D. BY REGISTRAR OB. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Baker-Bounds, Salisbury, Md. (VR A15 ME (5)) 20M 4/B2

A CONTRACT OF THE PARTY OF THE The property of the control of the c 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN A MONTH (TYPE OR PRINT) OF ESTI-Lillie Eleanor Emerson 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS AST BIRTHDAY) PRONOUNCED White Jan DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED IN NEVER MARRIED Maryland U.S. Wicomico WIDOWED [ DIVORCED 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Peninsula General Hospital Tecnician Salisbury USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Wicomico 13c CITY OR TOWN Hebron 13d INSIDE CITY LIMITS? Main Street 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Clarence Edward Meyer Mary Bradshaw 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Mother 201 Benjamin Ave., Salisbur 212-66-0652 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MMMEDIATE CAUSE (o) Fractured Skull, Fractured Cervical DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Vertebrae. Multiple Trauma. minutes gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR one vehicle accident. CONTRIBUTING CAUSE OF DEATH : 20 P.M. 7/16 Lone occupant, 21e PLACE OF INJURY (ATHOME. 21f LOCATION WHILE AT WORK treet-Highway Salisbury, Wicomico, Md. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BAFTIMORE, MARYLAND; 2 Inspection X Inquiry IX 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion Accident X Homicide \_\_ Undetermined manner death resulted from: Natural causes TITLE (SPECIFY) Deputy EXAMINER'S NAME Thomas C. Hill Pine Bluff Rd., Salisbury, Md. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE SPRINGHILL GRADEN SALISBURY, MD 24 FUNERAL DIRECTOR **DHMH - 17** FUNERAL HOME (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR	26. HOUR.

The Case name   The Control	1	FOR - STATE REGISTRAR			EALTH AND MENTAL HYG	REG. NO.	200	7 0
Pemale		ECEASED NAME FIRST		E	VANS		DAY YEAR	26. HOUR. 1843 M
Marry   Marr	1	Female	White	Mar	ch 28, 1911	73 vi	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Salisbury   Peninsula   General Hospital   Tracher worker lets with Seneral Hospital   Tracher Teacher   NoUSER   Nouser Seneral Hospital   Tracher Teacher   Nouser Seneral Hospital   Tracher Teacher   Nouser Seneral Hospital   Tracher Hospital   Nouser Seneral Hospital Hospital Hospital Hospital   Nouser Seneral Hospital Hos	2/			MARRIE			NITOFBEATH	MD.
18 SATE   18 COUNTY   18 CITY OR TOWN   18 MINISTE CITY LIMITS?   18 MINISTE ADDRESS 7 ZIP CORE   18 MINISTER ADDRESS   22 MINISTER ADDRESS 7 ZIP CORE   18 MINISTER ADDRESS   22 MINISTER ADDRESS   22 MINISTER ADDRESS   23 MINISTER A	S	alisbury	Peninsula	General	Hospital	(TYPE OF WORK FOR MOST OF WORKII	G LIFE) INDUSTRY	
Alexander W. Tyler Bertha H. Byrd  186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO.  186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO.  218 - 09 - 5709 George F. Daniels - Great Falls, TA 220  18 CAUSE OF DEATH (Enter only one course per line for 101, (b), and (c).)  PART I. DEATH WAS CAUSE BY MAS CAUSE B	130	MD 136 COUR	NTY	Y OR TOWN	YES 🚺 NO 🗌	18 Maryland A	ode ve 218	17
18 CAUSE OF DEATH LEnter only one course per line for (o), (b), ond (c))   PART I. DEATH WAS CAUSED BY.   IMMEDIATE CAUSE (o)CARDIAC   MUMMIN ARY   ARRES   30 M //N     DUE TO, OR AS A CONSEQUENCE OF   Conditions, if only, which gave rise to immediate course (o), storing the underlying course lost.   (c)   DUE TO, OR AS A CONSEQUENCE OF     PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0   19a DATE OF OPERATION   19b CONDITION FOR WHICH OPERATION WAS PERFORMED   20a AUTOPSY?   20b IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEATH (FE EINTER AND LEXAMINER)   HOUR AM. MONTH DAY YEAR   P.M. 19   19   10   19   10   19   10   19   10   19   10   19   10   19   10   19   10   19   10   19   10   19   10   10	1	Alexander	W.	Tyler	Bertha	MIDDLE H.	Byrd	
PART L DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CARIA C PALAMON ARY ARREST  30 M/N  DUE TO, OR AS A CONSEQUENCE OF  (b) ACUTE ANTERIA MYOCARDIAL INFAROTION IS  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  196 DATE OF OPERATION  196 CONTRIBUTING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  196 DATE OF OPERATION  196 CONTRIBUTING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  197 YES NO Y	160	(YES, NO OR UNKNOWN) (IF YES, GN				ADDRESS 32	alls, va	22066
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM. ETC.)  22e. I certify that It (this haspital) attended the deceased from  Sow the deceased alive on  obove. The (we) (did) (decent) view the body after death.  22e. SIGNATURE  DEGREE  22e. DATE SIGNED  22e. PLYSICIAN NAME (TYPE OR PRINT)  Dennis J. Chodnicki, M.D.  23e. BURIAL, CREMATION, REMOVAL  25e. CREMATION, REMOVAL  27e. CREMATION  CRITICAL STAFF  PHYSICIAN  AMDIE  CHITALISM  COUNTY  COUNT	z	gove rise to immediate couse [a], stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A	CUTE 1				18 ks
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM. ETC.)  22e. I certify that It (this haspital) attended the deceased from  Sow the deceased alive on  obove. The (we) (did) (decent) view the body after death.  22e. SIGNATURE  DEGREE  22e. DATE SIGNED  22e. PLYSICIAN NAME (TYPE OR PRINT)  Dennis J. Chodnicki, M.D.  23e. BURIAL, CREMATION, REMOVAL  25e. CREMATION, REMOVAL  27e. CREMATION  CRITICAL STAFF  PHYSICIAN  AMDIE  CHITALISM  COUNTY  COUNT	TIFICATIO	19a DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	IN CE	RTIFYING CAUSES	NGS USED OF DEATH? NO
220. I certify that HT (this haspital) altended the deceased from 19 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19		OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE	HOUR A.M. MI P.M.  210. PLACE OF INJU	ONTH DAY YEAR  19  JRY	211 LOCATION			STATE
PHYSICIAN DIRECTOR DIR		220.1 certify that (f) (this hasp sow the deceased alive or above, (f) (we) (did) (did)	+/12	19 Fy, or	DEGREE		hour and from the	
	,			bi /	PHYSICIAN 2	DIRECTOR PHYSICIAN		D 21801
24 FUNERAL DIRECTOR 250 DATE REGISTRAN 256 REGISTRAN 2 SIGNATURE A 6			7/15/84		dge Cemetery	Crisfield -		- MDTATE

21817

DHMH - 16 50M 4/83 (VRA 15, 4)

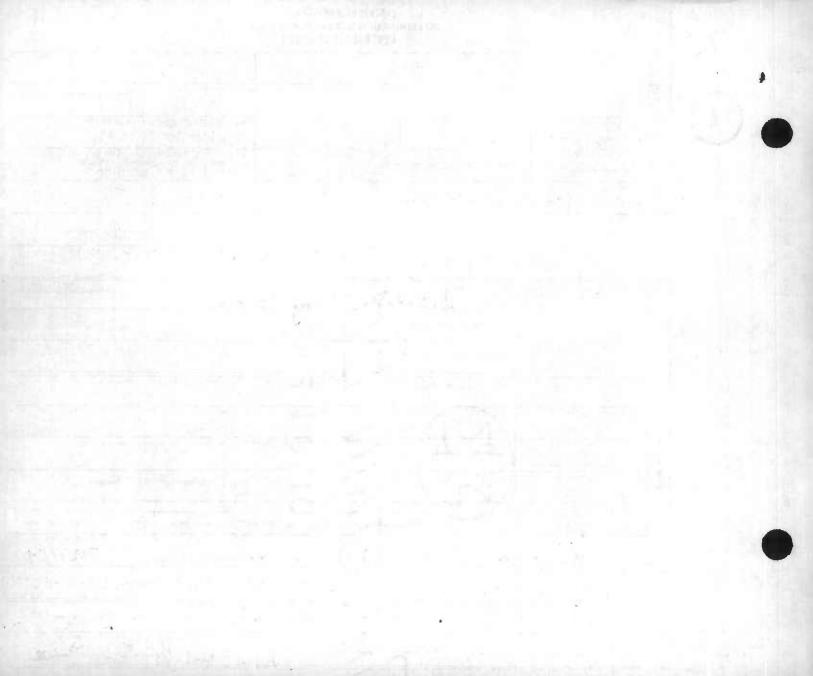
Bradshaw & Sons - Crisfield, MD.

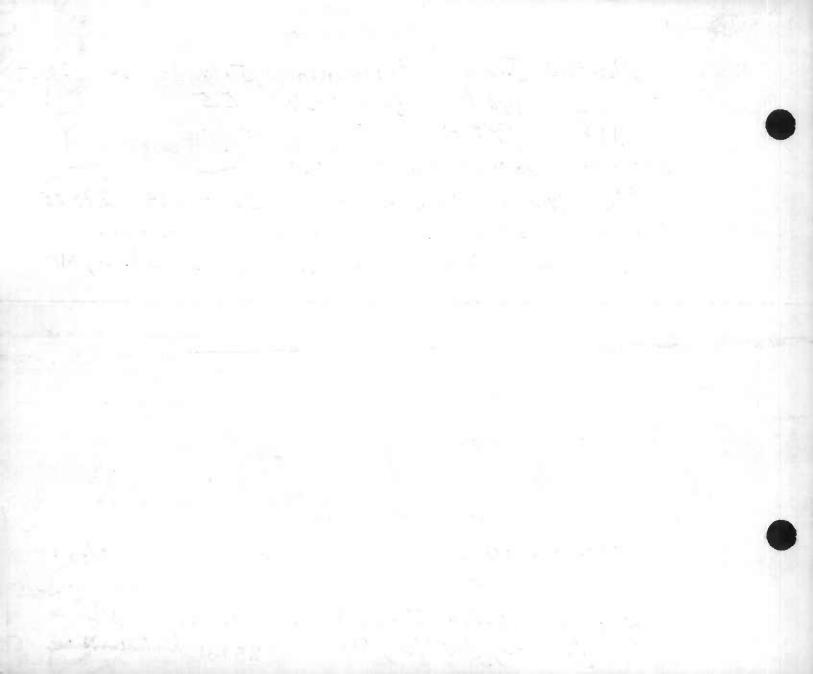
MPORTANT: If them 21 is marked or Item 18 shows any injury, ar other troumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia shauld be detached for use as the burial-transit permit. Then please remove corbangape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

TRUE TO ENGLISH CONTRACTOR VEYS The transfer of the second sec Trees - . non-fre por fi ALL DOMESTIC STATE OF THE PARTY OF THE PARTY

V	X4	1	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYG REGISTRAR CERTIFICATE OF DEATH	GIENE 8 4 2 0 3 9 1	
	be 3 leady		CEASED NAME FIRST MIDDLE LAST ORPRINT)  David Long Fields	July 21, 1984.	M
	4 may	3. SE	Male  A RACE White  S. Date Of Birth  MONTH 05 19 DAY 1929  VEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS A	HRS MIN
	death. Page	Sc	RTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?  Alisbury, Maryland U.S.A.  WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH WICOMICO	MD.
102	S offer d	1/5	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  ILENOTIN SUCH FACILITY, GIVE SPEET ADDRESS)  916 Vincent Street	120 USUAL OCCUPATION 126 KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOW Motor Operator	OR
BALTIMORE, MARYLAND 2120	n 24 hou	130	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 136 CITY (IMITS?  Maryland Wicomico Salisbury YES \( \sqrt{N} \) NO \( \sqrt{N} \)	13e. STREET ADDRESS 2180/	
MARYL	ed with	14 E.	ATHER'S NAME FIRST  -eonard  Sherwood Fields  15. MOTHER'S MAIDEN NAME FIRST  Beula	Mae Brewington Brewington	
MORE,	e execut	160.	was deceased ever in u.s. armed forces? 166 SOCIAL SECURITY NO. 17 INFORMANT Mrs. 218-24-4910 Same as #13	Bettie Jane Fields (Wife) 3e	
DS, 201 W. PRESTON ST.	quires that the death certification by the attending phen please remove carbons to buriol, cremation, or remiury, or other fraumatic even	No	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF    Due TO, OR AS A CONSEQUENCE OF	MINAL DISEASE OF CONDITION GIVEN IN PART 1(a)	
IL RECOR	he law red an. t permit. T ene prior t	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH'  YES NO YES NO NO	?
DIVISION OF VITAL RECORDS, 201 W.	PHYSICIAN: TI tending physici this certificate the burial-transi ind Mental Hygi	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME STORY OFFICE FARM BIC.) STREET  STREET	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  CITY OR TOWN COUNTY STATE	
DIVI	ATTENDING aspiral or attending for use as the for use as the for use as the for use in a function or the form of t		27a Lertify that (I) (this haspital) attended the deceased from	, to, 19, that (1) (we death accurred on the date and hour and from the causes state	*
	the hard the hard the backer the Dep		22b. SIGNATURE DEGREE	MEDICAL STAFF 7/3/84	
	etained by TO FUNER should be d with the Sto		Joseph A. Grasso, M.D. 1300 S. Div	vision St., Salisbury, Maryland 2	180
	BP			dens Hebron Wicomico Marylan	d
	OHMH - 16 50M 1/76 (VR A 15 (4))	24 F	NAME _ ADDRESS	TE REC'D. BY REGISTRAR 25). REGISTRAR'S SIGNATURE	





(VRA 15, 4)

			STATE	OF MARYLAND		0 0 3	. 3
FOR STATE REGISTRA	R	DEP		ALTH AND MENTAL HYG CATE OF DEATH	IENE S 4	2.00	
I. DECEASED NA		WIDDIE	LA	1		MONTH DAY YEAR	2b. HOUF
[TYPE OF PRINT]	Vernon	W. G	OLDSBORO	JGH	July 30. 1	984	5:2
1. SEX	LIE A. RACE	LACK	5. DATE OF	BIRTH  1804 1929	6. AGE LINYEARS LAST BIRT	MONTHS DAYS	
TO BIRTHPLACE COUNTRY	INTATE OR EOREIGN 76 CITIZ	ZEN OF WHAT COUN	TRY? 8 MARRIED WIDOWED	☐ NEVER MARRIED	9. BALTIMORE CITY O		
Salisb	(IF N	ME OF HOSPITAL, NU TOT IN SUCH FACILITY, GIVE S	JRSING HOME OF	OTHER INSTITUTION	12a. USUAL OCCUPATION	ON 126 KIND	OF BUSINE
USUAL RESIDEN	CE I HUISING HOME OR OTHER IN:	STITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	3d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	77	96
HA FATHER'S NA	ME ACC MODU	O de bu		S. MOTHER'S AM IDEN NA	ME MIDDLE	STEVE	AST SO
Jad, WAS DECEA	SED EVER IN U.S. ARMED FO		SECURITY NO.	17 INFORMANT ROS	E GOLDS		eR1
PART I.	OF DEATH (Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUS	Nomal	provasi	slay acc		SIFF APPROBLEMENT	4 m
gove ris cause (c underlyin	g couse last.	(b)E TO, OR AS A CONS		,			
	THER SIGNIFICANT CONDIT	ions <u>contributing</u>	S TO DEATH BUT N	OT RELATED TO THE TERM			
E -	OF OPERATION 196	CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
		TIME OF INJURY OUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART T OR PART 2)	
WHILE AT WORK		PLACE OF INJURY HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	ZII LOCATION STREET	CITY OR TO	WN COUNTY	S
vA .	fy that (I) (this haspital) atte			that in (my) (aur) apinion	, to death accurred on the do		, that (I) (v
27b. SIGN.	he deceased alive an , (I) (we) (did) (did not) view t ATURE	he body after death.		EGREE DATTENDING PHYSICIAN	MEDICAL STAF	22c. DA1	TE SIGNED
NAI	CIAN'S NAME RYPE OF PRINT!	M.D.	1	22e. ADDRESS	ВХЖИХЖХ Се		burv
2/	MATION, REMOVAL 238.		231 NAME OF CE	METERY OR CREMATORY	23d LOCATION	1)#192A	218
				1 1 1			

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ury, ar other troumatic event, it

MPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR

NAME

Anna A. Burbage

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYGICATE OF DEATH		200	
1.05/	CEASED NAME FIRST	MIDDLE		AST	REG. NO.	TH DAY YEAR	2b. HOUR
	OR PRINT	MIDDLE	G	Gsvind	JULY SULY	(	0130 M
3. SEX	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY		
1	ALE	WHITE		12/19	65	YRS. DAYS	S HOURS MIN.
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	
0	HIO	U.S.A.	WIDOWE		Wicomico		MD.
1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		OF BUSINESS OR
Sa	lisbury	Peninsula Ge	eneral	Hospital	Mechanic	Auto	Mechanic
USU/ 13e. S	STATE 136 CO		TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIF	comBerli	n, MD
		rcester Berli	n	YES NOX	Rt. 1, Box	81	21811
	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA	WE		AST
C	harles	Gsvi		Martha			agge
	VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL S	SECURITY NO.	17 INFORMANT	Bell Ro	oad	
			28 3473	Victor Bur	nting Whaley	sville,	MD
	PART I. DEATH WAS CAU	only one cause per line for (a), (b SED BY. IATE CAUSE (a)	Qual	fluente	æels	APPROBETWEE	NONSET AND DEATH
N	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSI  (b)  DUE TO, OR AS A CONSI  (c)  T CONDITIONS CONTRIBUTING	EQUENCE OF	NOT RELATED TO THE TERM	ninal disease or condition	ON GIVEN IN PART	leasy
MEDICAL CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINE CERTIFYING CAUS YES [	
AL CER	2 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM IS PART I OR PART ?	)
MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21d INJURY OCCURRED  WHILE NOT WHILE   NOT WHILE		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	saw the deceased alive	spitol) ottended the deceased fron nat) view the body after death.	1984.01	nd that in (my) (our) opinion DEGREE	to		, that (I) (we) last he couses stated TE SIGNED
	cuill	UL 52 91	Un 1	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	0 7-	V8-1
	72d. PHYSICIAN'S NAME (TYP			276 ADDRESS	St., Salish		21801
		LLIS MD.				-	
	BURIAL, CREMATION, REMOV		ZJc. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	URIAL DIRECTOR	7/3/84	Sunset	Memorial	Berlin W	rcester	MD
1 /4 F	UNEKALDIRECTOR			1/30 DA	E REL D. DI KEUISIKAKI ()D.	KEUISIKAK S SIGN	ATURE

108 Williams Berlin, MD

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

Miles the appropriate year men.

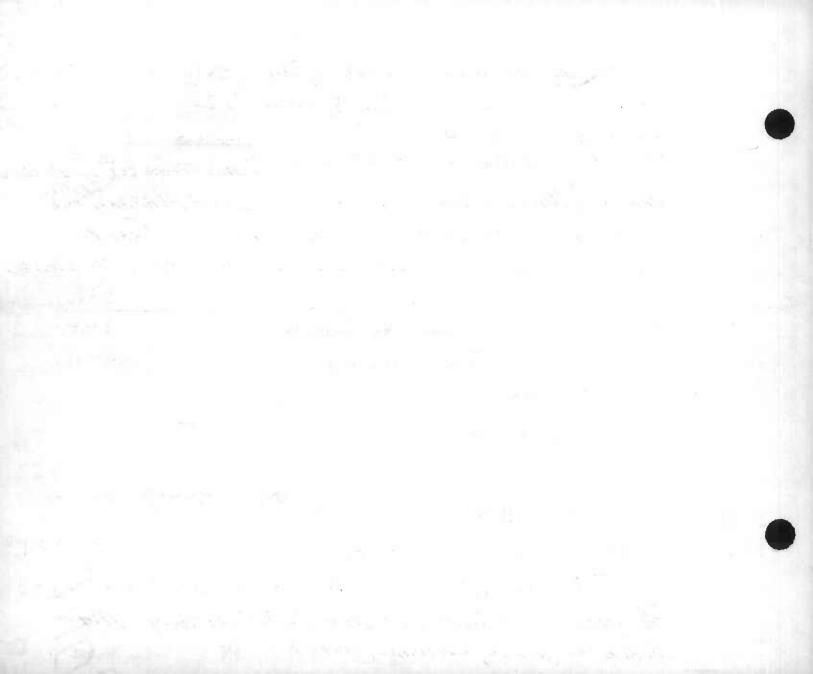
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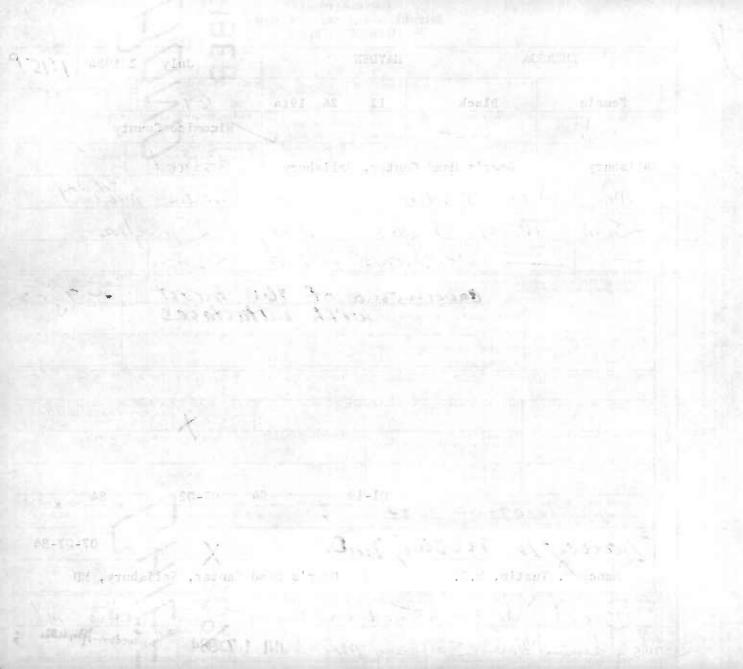
	FOR T- STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H	HYGIENE 8 4 2 0 3 9 /
be th	REGISTRAR  1. DECEASED NAME FIRST (TYPE OR PRINT) SAM		REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 25. HOUR  1111 1 1 984 2:/5
moy b	3. SEX	4. RACE S. DATE OF BIRTH	July 1, 1984 2:/3  6 AGE (IN YEARS LAST BIRTHDAY)   IF UNDER 1 YEAR   IF UNDER 24
ge 4	Male	White June 15. 1951	33 YRS.
oth. Po	7a. BIRTHPLACE   STATE OR FOREIGN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
ofter dec	Maryland 10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	☐ WICOMICO  12b USUAL OCCUPATION 12b KIND OF BUSINESS
by the filled the	Whaleysville	Rt. 1, Box 256 A.Berlin, M	D Plumber Plumbing
24 hau illed in nuld be	13a. STATE 13b. C	AE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) OUNTY 136. CITY OR TOWN 138. INSIDE CITY LIMITS:	?   13e. STREET ADDRESS Berlin
within within day to da	14. FATHER'S NAME	MODIE LAST 15. MOTHER'S MAIDEN	Rt. 1, Box 256 A 218
omple and	Lemuel	Wilson Hammond Roxie	Scarborough
and condical	16a. WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN)     IF YE	. ARMED FORCES? 16b SOCIAL SECURITY NO. 17, INFORMANT S. GIVE WAR OR DATES)	ADDRESS 21801
be rs. Po	NO	216 56 0116 Ellen Cin	nino, PO 1733. Salisbury, N
that the dec l by the atte ease remave al, crematia r ather traur	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
signed hen ple to buric jury, or	PART 2 OTHER SIGNIFICA	NT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GIVEN IN PART 110
he law reconn.  has been permit Tene prior to a sows any in	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
PHYSICIAN: TI ending physicia this certificate te burial-transit ad Mental Hygin d ar Item 18 sh		FDEATH HOUR A.M. MONTH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
HYSIC Ins ce buric I Men	OR CONTRIBUTING CAUSE O  (IF EITHER NOTIFY MEDICAL EXAM  21d INJURY OCCURRED	21e PLACE OF INJURY	
after the street is the hand	WHILE NOT WHILE AT WORK	[AT HOME, STREET, FACTORY OFFICE, FARM ETC.]	CITY OR TOWN COUNTY STATE
NDIN SE OF		ospital) attended the defeased from	, to, 19, that (I) (we)
R ATTE hospito RECTO hed for sept. of b tem 21	sow the deceased olu (I) (we) (did) (di	d not view the body ofter death.	ion death accurred on the date and hour and from the causes state
0 4 0 2 0 1	126. SIGNATURE	E COLD DEGREE  ATTENDING PHYSICIAN	
TO HOSPITAL of retained by the should be detained by the should be detained with the State E IMPORTANT: If	22d. PHYSICIAN'S NAME (1)		
TO HOS retained TO FUN should be with the	Dr. David (		ivision St. Salisbury, MD
	230 BURIAL, CREMATION, REMO ISPECIFY)  Burial		CITY OR TOWN COUNTY 2180 LE
Activities to the second	24. FUNERAL DIRECTOR	108 Williams St.	dist Parsonsburg, Wicomico
DHMH - 16 50M 1/B1		age Berlin, MD 21811 JUL	9 1984 Julie Davidson-Randalle

geve. aget it what the transfer Male June 15, 1951 as Paleysville Rt. 1, Box 256 A, Berlin, AD Plumber Plumbine Berlingth intyland Porcester Whalsysville Y Rt. 1, Box 256 B 21811 Legar Hand Coale Larged THE SE PERCEPTION CHAIN, NO 1750, 51 Labour, Mb To. Pryid Cowell, ID 1200 S. Division St. Salisbury, MO-TORIS Surfal Jeruselur Methodist Parsonchury, Micomigoso 108 Williams St. And a. Enrhage Boxlin, No. 21811 - D.



DY	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 4	2039
D		CEASED NAME THERE	SA	HAYDEN	20. DATE OF DEATH MO July	
ader p	3. SE	x Female	RACE Black	5. DATE OF BIRTH  MONTH DAY  12 26 1914	6. AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS HOURS M
2 36		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR CO Wicomico	OUNTY OF DEATH
o de la composición dela composición de la composición dela composición dela composición dela composición de la composición de la composición dela composición de la composición dela com		Salisbury	11. NAME OF HOSPITAL, NURSIN (# NOT IN SUCH FACILITY, GIVE STREET, Deer's Head C		120. USHAL OCCUPATION (TYPE OF WORK FOR MOST OF WITE TILE)	ORIGING LIFE) INDUSTRY
St house of the control of the contr	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	TTO STREET ADDRESS > ZI	Dran.
200	14. F.	ATHER'S NAME	THOMAS Daus	15. MOTHER'S MAIDEN NA	MIDDLE	us/Ass
Poges 1		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECTION OF WAR OR DATES! 2/8-16-9	RITY NO. 17 INFORMANT	RODINS	7
requires that the de een signed by the oth it. Then please removi ior to burial, crematio	NOIL			DEATH BUT NOT RELATED TO THE TERM		
The low of the hos been stituted by the short permit given prior shows any	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	DIL IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS YES NO NO
HYSICIAN: nding phys his certifica burial-trar Mental Hy	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE USE ETHER, MOT BY MEDICAL EXAMINE 214. INJURY OCCURRED	ATH HOUR A.M. MONTH DA	19 211. LOCATION	RED (ENTER NATURE OF INJURY IN	COUNTY STATE
rending Page 1900 or other 1907. After 1907 use as the 1907 hand 1 is marked	-	WHILE NOT WHILE 220.1 certify that (I) (this hasp saw the deceased alive or	sitol) attended the deceased from_	01 19 19 19	84 07-02	19 that n/ (we)
OR AT he hospital DIRECT tached for Dept. o		obove X (we) (did) (did	W. Tustu	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 07-02-84
d by the NERAL I be det			ustin, M.D.	Deer's He	ad Center, Sa	Inchier Mil
	230.	BURIAL, PREMATION, REMOVAL		IAME OF CEMETERY OR CREMATORY	23d LOCATION	.court state

P OF SEADNIAND



executed within 24 hours ofter

The low requires that the death certificate be

OR ATTENDING

remove corbon popers. Poges

should be detoched for use as the buriol-transit permit. Then please remove corbanpape with the State Dept. of Heolth and Mental Hygiene prior to buriol, cremotion, or removal

IMPORTANT: If hem 21 is morked or hem 18 shows ony

certificate has been signed by uniol-transit permit. Then please

injury, or other troumotic event, the

STATE OF MARYLAND

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE** 

	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	GIENE 3 4	20400
Į.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
l	I. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	1/= 1/= 1==	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
l	JOHN	WILLIAM	HENGRICKIJ		1784 1208M
ı	3. SEX	4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MUNICIPAL I VEAL IF UNDER 24 HRS MUNICIPAL IN HOURS MIN.
4	Male	White	5 7 1941		RS.
Ā	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH
1	South Carolina		WIDOWED DIVORCED	Wicomico	MD.
1	10. CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	17a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR
1	Salisbury	Peninsula Ge		Pilot	Airlines
1	USUAL RESIDENCE (IF NURSING HOME OF	NTY 13c CITY OR TO		13e STREET ADDRESS / ZIP C	21801
1	Md. Wic		isbury YES X NO [	503 Emory C	
Л	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
1		lliam Hendr			Roberts
i	160 WAS DECEASED EVER IN U.S. AF			1000000	
ı	No	249-70	0-6066 Mrs. Linda	3 HEmory Ct.	Apt 102 Salisbury, Md
1	18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), o			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
j	PART I. DEATH WAS CAUSE		men combale	~	emlet
1	MMEDIA	DUE TO, OR AS A CONSEQ			
1	Conditions, if any, which	( (b)	oriver only		
Ì	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQ	NIENCE OF		
ı	underlying couse lost	(c)	DENCE OF		
١			O DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION	GIVEN IN PART To
l	190 DATE OF OPERATION  190 DATE OF OPERATION  210. ACCIDINT WAS UNDERLYING				
4	TIN DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
1	# 28 hum 84	Interlas	listrato	YES NO	YES NO
			DAY YEAR 21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
A	OR CONTRIBUTING CAUSE OF DE	AIR	19		
1	OR CONTRIBUTING CAUSE OF DE INFEITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	211. LOCATION	CITY OR TOWN	COUNTY STATE
ı	WHILE NOT WHILE AT WORK	AT HOME STREET, PACTORY OFFICE	En En	11-	CA
۱		al) attended the deceased from	19 /	, to 6	, 19, that (I) (we) lost
ı	saw the deceased alive or above, (f) (we) (did) did a	of I view the bod abor death.	, on that in (my) (our) opinion	death occurred on <b>N</b> e date and	hour and from the causes stated
J	22% SIGNATURE	611	DEGREE		22c DATE SIGNED
Н	609	VI	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6 10179
	226 PHYSICIAN'S NAME (TYPE	OR PRINT)	22 ADDRESS		0 /
	Dr. Forga	sh /	Salsbur	y, Maryland	
1	23a BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	Burial	7/11/84	Elmwood Cemeter	v Columbia	Richland S.C.
	24 FUNERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR 25) RE	
1	Holloway Fune	ral Home Sali	sbury, Md.	1 1 2 1904 July	a nanteron-Nouton

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR:

The second of th The Day of the Day

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN DAY 26 HOUR (TYPE OR PRINT) d800 HILL MILTON T. FIR DEATH MATED 4. RACE IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 3. SEX DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 0950 White Male 15 23 6 61 DEAD O BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED Salisbury, Maryland U.S.A. Wicomico DIVORCED 3. RETAIN PAGE 2. SHOULD BE FILED AL RECORDS, 201 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Painting FOR MOST OF WORKING LIFE)
Laborer (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Salisbury Wicomico 13a. STATE Salisbury 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Lincoln Ave. Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Alice AND George Hill Downs IVE PAC 17. INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Of the Property of the Propert DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES 216-14-9665 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) SUGGEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RMAL, CREMATION, OR REMOVAL Cardiac Arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Myocardial Infarction sudden gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g MEDICAL CERTIFICATION 196 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO YES [ 3 SHOULD BE L 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 뿔 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR YEAR WEDICAL 0 CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 2Te PLACE OF INJURY LATHOME 21f. LOCATION STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE ( BALTIMORE, MARYLAND, 21201 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted fram: / Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE 7-13-84 Deputy MEDICAL EXAMINER EXAMINER'S NAME Camden Ave., Salisbury, Md. Roter. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL LIB DATE 23d. LOCATION Marion Somerset Maryland 7/16/84 St. Paul's Cemetery Burial 24 FUNERAL DIRECTOR **DHMH - 17** Holloway Funeral Home, Salisbury, Md. Aulia Devidson Handall (VR A15 ME (5))

(VR A 15 (4))

Jernick Fa.

- Horsener in Los i'al

Town of Terlyille

alliving

Envier Joseph . Boom

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11-1-

Flan Memorial Park Lime Pidge Columbia 1 Pa.

Holloway Functal Home Snow Hill Rd. Galisbury Pd. educated the Peneral

STATE OF MARYLAND

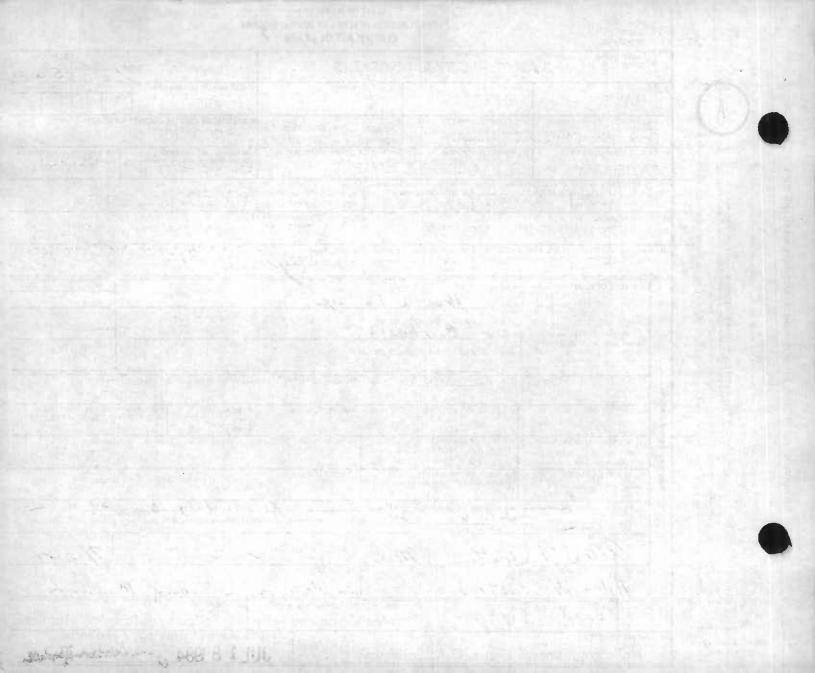
	2	.0	44	0	
NO.				W.	

1		REGISTRAR		CERTIF	CATE OF DEAT	П	REG. NO	D.		
		CEASED NAME FIRST OR PRINT)	AMES RUSSEL		KINS SR.		JULY 13		YEAR	26. HOUR 5:00 AM.
'n	3 SEX	MALE	4. RACE WHITE	S. DATE C			AGE (IN YEARS LAST BIRTI	HDAY) IF U	THS DAYS	IF UNDER 24 HRS HOURS MIN
35	P		76 CITIZEN OF WHAT CO	MARRIE		ED	BALTIMORE CITY O WICOMIC	_	DEATH	MD.
10	S.	TY OR TOWN OF DEATH  ALISBURY	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G 1707 OLD	MILL LAN	PROTHER INSTITUT		USUAL OCCUPATH COMPLET WORK FOR MOST OF EX. VICE-PT		126. KIND O INDUSTRY Elect	trical
り	13a S			SBURY	134. INSIDE CITY LI YES \rightarrow NO		1707 OLD	MILL E	ANE	61
21	14 FA	HERMAN	HOPKII		MATTE	=	MATILDA		TUL	
/	16a V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (14 YES, GIVE YES	WAR OR DATEST	4-10-6476	IZ INFORMANT IC Quer Southingt	on, As	Patricia DDE trace 0648	⁵Hopkin }	s (Dau	ughter)
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT	DBY:		ilure				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF								
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT (	19b. CONDITION FOR	WIE HE	N WAS PERFORME	)	200. AUTOPSY? YES NO	20b. IF YES, W IN CERTIFY IN YES [	ERE FINDING CAUSES	NGS USED
1	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE AT WORK  AT WORK	216 TIME OF INJURY HOUR A.M. MON P.M.  218 PLACE OF INJURY IAT HOME, STREET, FACTORY	19	21t. HOW INJURY	OCCURRE	D {ENTER NATURE OF INJUR		OR PART 2}	STATE
1		220.1 certify that (1) (thus happy sow the deceased alive an above, (1) (thus little and the control of the con	J4/4 6	h. 19 84 , or	DEGREE	IDING	oth occurred on the do	F		
/		22d. PHYSICIAN'S NAME (TYPE O	TUSTIN		32 Was/	ey De.	, Salisbu	y Ma	rylar	a l
	- (5	Burial, Cremation, removal Burial	7/16/84		Cemetery or crem	W.T.		y Wico		Maryland
	24 FU	JNERAL DIRECTOR Holloway Funer	al Home, P.A	DRESS Salisbury	, Md.	250. DATE	1 8 1984	25h. REGISTRAI		Windam.

DHMH - 16 50M 7/77 (VR A 15 (4))

BP

MPORTANT: If Nem 21 is morked or Nem 18 show gody injury, or other troumotic event, the medical



	1 - FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	0 4 0 4				
1 DECEASED NAME FIRST (TYPE OR PRINT)		WINDLE	LAST		84 YEAR 1748 M				
Į	GRANVILLE	R.	HUDSON						
ł	3 SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR FUNDER 24 HRS				
Į	MALE	WHITE	11 20 09	, 74 yrs.					
1	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	MARRIED X NEVER MARRIED WIDOWED DIVORCED	Wicomico	OF DEATH MD				
Ì	OB. CITY OR TOWN OF DEATH  /Salisbury		RSING HOME OR OTHER INSTITUTION General Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HORSE TRAINER	12b. KIND OF BUSINESS OR INDUSTRY				
	USUAL RESIDENCE (IF MURSING) 130. STATE MARYLAND WOR		VILLE YES NO X	RT. #1 BOX 322	21813				
	14 FATHER'S NAME FIRST  ORRIE	MIDDLE LAST	N MADELINE	N AME MIDDLE	LONG				
t	160 WAS DECEASED EVER IN U.S. A		SECURITY NO. 17 INFORMANT	RT.#I BOX 3	322				
ł	(YES, NO OR UNKNOWN) (IF YES, G	180-14	-1833 DORIS E.						
	PART I. DEATH WAS CAUS	only one couse per line for 101, (b SED BY: ATE CAUSE (o)	, ondicy	- Accident	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	Tend Dlover Con	ter Docol					
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
0	190. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	HICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \text{NO} \)				
	On COLUMNIA IN CAUSE OF D	EATH HOUR A.M. MONTH		URRED (ENTER NATURE OF INJURY IN ITEM 18 P	PART 1 OR PART 2)				
١	OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY, STATE				
	saw the deceased alight	pital calended the deceosed from 2 2	P 1	on death occurred on the date and hou	19 that (I) (we) lost r and from the couses stated				
	22h SIGNATURE	Ato		MEDICAL STAFF DIRECTOR PHYSICIAN	DATE SIGNED 84				
	221 PHYSICIAN SNAME (19PE	Ratteryo, M.i	). P.O. BOX 4	19 Jolisbury	movisol				
- 1	22- BUIDIAL OPENATION DEMOVA	I TOOL DATE	77. NIAME OF CEMETERY OF CREMATOR	V 1234 LOCATION					

DHMH - 16 50M 4/B3

BP

3a BURIAL, CR (SPECIFY) BURJAL 8-1-84

CITY OR TOWN

COUNTY STATE

19945

FRANKFORD

25a. DATE REC whie Davidson-Randell

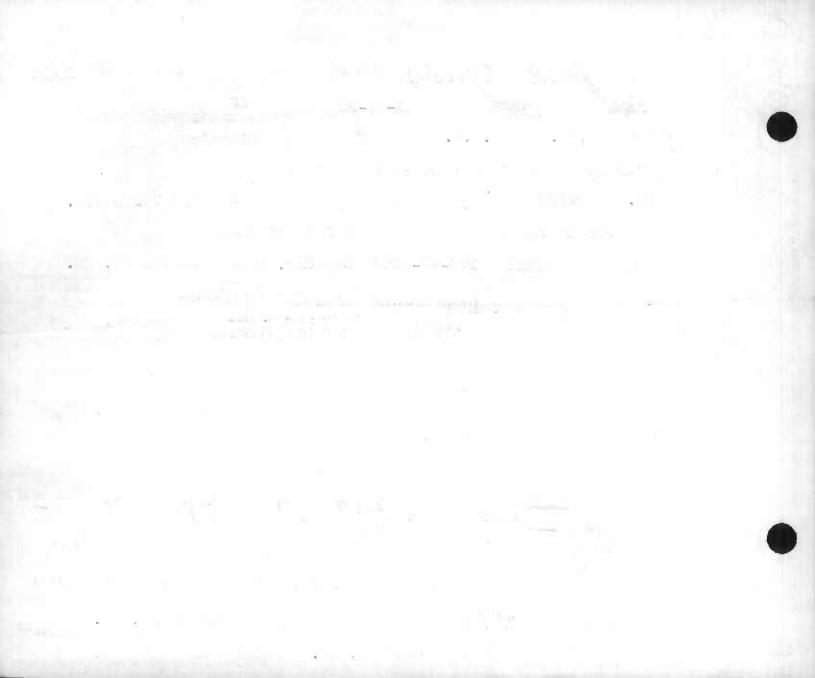
(VRA 15, 4)

MELSON DE SUNERAL SERVICES FRANKFORD, DE

19945

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Contracting asserting the sales of the sales



n1.		- 1				STATE UP MAKTLAND		
少	h		1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	20400
(	1	-		EASED NAM! FIRST	WIDDLE	LAST	20, DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(			3 SEX	172m	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAS (BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	9 95	1		Femele	Black	8-16-1908	75 YRS.	MONTHS DAYS HOURS MIN.
	death. Pag uneral dire hin 72 hauri	b		OUNTRY (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED		ry of DEATH  MD.
			10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
21201	5 5 6	U		lisbury		eneral Hospital	House Wite	alun
ND 21	24 filler ould	5	13a S		ILCOMICA JEST	WHE 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS ZIP FOR	DE 9 18/4
MARYLAND	within oletely od 2 sh	Ü	14. FA	THER'S NAME	MIDDLE DA . YST/	15. MOTHER'S MAIDEN	NAME MIDDLE 102	B S LAST
	d camples I and	1	16a V	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	1 1. 11.
BALT!MORE,	be execution and c	/	- (	IVO	ENVE WAR OR DATES)	OXITZ M:	ze Jones, Na	APPROXIMATE INTERVAL
2	physici npoper moval.			PART I. DEATH WAS CAUS	only one cause per line for (d), (b), o SED BY: ATE CAUSE (a)	DEMOTING G	ASTRIENCEN	3 Reig
ON ST.	nding corbon, or re-			MAKEDIA	DUE TO, OR AS A CONSECU			0
PRESTON	the death the attend remove co ematian, o			Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEO	IENICE OF		
201 W.	d by lease ial, cr			underlying cause last.	(c)			
7DS, 21	signe Then p to bur njury,		NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	rminal disease or condition (	GIVEN IN PART TIO
DIVISION OF VITAL RECORDS,	n. nas beer permit. ne prior ws ony i	1)	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICE	H OPERATION WAS PERFORMED	JIN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{YES} \)
VITAL	physician rtificate h ol-tronsit fal Hygier m 18 shav	9	CERT	21a. ACCIDENT WAS UNDERLYING			URRED (ENTER NATURE OF INJURY IN ITEM )	
NO N	Sign of the series	4	SICAL	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	ALAIN	19 211 LOCATION	•	
VISIO	DING PHY or attendi After this e os the bu olth and M		MEDIC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
٥	E S S S S S S S S S S S S S S S S S S S			22a.1 certify that (I) (this has	pital) attempted the deceased from	84 and that in (my) (and point	on death accurred on the date and h	our and from the causes stated
	R ATT haspin RECT hed for spt. af			obove, (I) (ve) (did) (did	not) view the bady after death.	DEGREE		22c. DATE SIGNED
	- 000 =			224 PHY JO AN'S NAME (TYPE	my News os	ATTENDING PHYSICIAN 22e ADDRESS		10 July (80%
	HO ould ould the the		ć	H.607	y Reever	52/13	stary, M	1 21801
	F	1		BURIAL, CREMATION, REMOVA	1 23b. DATE 236	NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	A HONEY MASTATE
	BP DHMH - 16 50M 4/83		24 F	UNERAL BIRECTOR	1 10-11	(3)	DATE REC'D. BY REGISTRAR 256. REG	
	(VRA 15, 4)		9	Covila.	ma, Pro	106, 10	JUL 1 2 1984 Jul	his Davidson Ashdope:

MARCH TEST OF THE REST OF THE you was diene leader and the TO THE THE REAL PROPERTY OF THE PROPERTY OF A SECOND STATE OF THE SECOND S South Pical Carlotte Street CENTER OF THE PARTY OF THE PART ELISTS TONE Carlotte to the continue of the state of the executed puo

requires that the deoth certificate be

The law ng physicion PHYSICIAN

OR ATTENDING the hospital

HOSPITAL efoined by 0

the offending physicion ove corbangapers.

injury, or other troumatic event, th

should be detached for use as the buriol-transit permit. Then please remove corban pape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.

IMPORTANT: If them 21 is marked or them 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by

FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

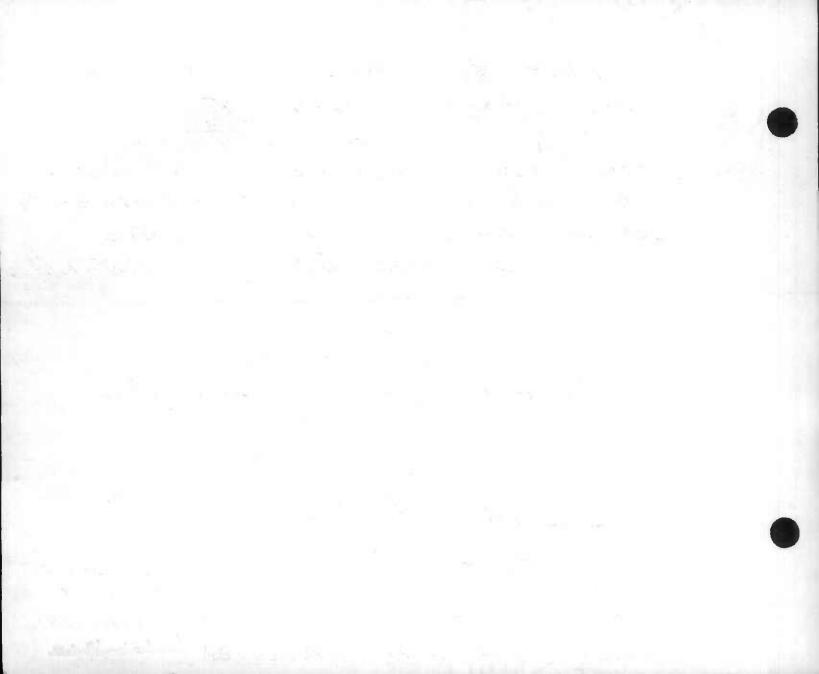
CEPTICICATE OF DEATH

3

1		REGISTRAR		CERTIFICA	IL OF DEATH	REG. NO.				
1		CEASED NAME FIRST	MIDDLE	LASI		20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR			
1	(1.1.2	ALPER	TB.	KRF	105	JULY	19,1984 1241 M			
1	3. SEX		4. RACE	5 DATE OF BI		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
1		MALE	WHITE	MONTH	DAY YEAR	68 YR	MONTHS DAYS HOURS MIN.			
J		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8.	NEVER WARRIED	9 BALTIMORE CITY OR COUN				
Л	C	OUNTRY) NIY	V USA	WIDOWED.	NEVER MARRIED U	Wicomico	MD.			
Ħ	10. CII	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR O		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR			
а	Sa	lisbury	Peninsula Ge			PAINTER	GLIFE) INDUSTRY			
1		L RESIDENCE (IF THURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	ospital		CON SITE.			
3	130 3	MA SOUTH	VOR BERL	1	INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	W PINGS-21811			
1	14 FA	THER'S NAME	MODEL // LAST	15. /	MOTHER'S MAIDEN NA	ME MIDDLE V	LAST			
1	X	LERMAN	KAUS		ELIRAK	BETH KA	3905			
5	16a W		RMED FORCES? 166 SOCIAL SE	CURITY NO. 17.	NEORMANI	ADDRESS	21 - 16			
1			WI 061-10	0-2381	1,12, 100	105, JR	NORTELK, 1A.			
1		18 CAUSE OF DEATH (Enter or PART ). DEATH WAS CAUSE	nly ane cause per line for (a), (b),	and ici.)	01 11	1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ı			TE CAUSE (a) Vent	Escular	F157111	arion				
1			DUE TO, OR AS A CONSEC	DUENCE OF		^				
1		Conditions, if any, which	( (b)	zmany	Msulh	ciency				
1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	QUENCE OF	1-1	/				
1		underlying cause lost	(0) (0)	mary	Meren 10	sclenon				
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT	RELATED TO THE TERM	IN AL DISEASE OF CONDITION	GIVEN IN PART To			
4	5	CONCLUETON /	196 CONDITION FOR WHI	2071	C // /	Kenal aly SMI	- / /			
	MEDICAL CERTIFICATION	196 DATE OF OPERATION	LYB CONDITION FOR WHI	CH OPERATION W	AS PERFORMED	INCE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?			
1	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121	HOW IN HUBY OCCUPE	YES NO	YES NO			
1	C	OR CONTRIBUTING CAUSE OF DE.	- 110110 1 11 11011711	DAY YEAR	NOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)			
-	OICA.	(IF EITHER NOTIFY MEDICAL EXAMINE		19	LOCATION					
	MED	214. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC		LOCATION	CITY OR TOWN	COUNTY STATE			
		AT WORK AT WORK		-1/11	(Z) 4	7 10	- 27/			
		saw the deceased alive an	oital) attended the deceased from	0111111111	, 19	death occurred on the date and	, 19 <u></u>			
- 1		above, (I) (we) (did) (did no 276 SIGNATURE	at) view the bady after death.			seam occurred on the date and				
1		120 SIGNATURE	111.0001-	DEG	ATTENDING	MEDICAL STAFF	274 DATE SIGNED			
4		22d PHYSICIAN'S NAME (TYPE C	Masson	mo	PHYSICIANU ADDRESS	DIRECTOR PHYSICIAN	7/1/89			
		Dr - OAK	5000000	122	ADDRESS 547.	E KIVEKSI	DE DATUE			
4		DEENHA	SHEGHK		SAL	ISBURY P	N. 2/80/			
		URIAL, CREMATION, REMOVAL	73k DATE 23	St. NAME OF CEME	TERY OR CREMATORY	23d LOCATION	COUNTY			
	24 51	IS'UN INC.	1-03-81	-UN 56	25e DAT	E REC'D. BY REGISTRAR 25b REC	WOK, YIIL			
	/	INAME DIRECTOR	C // ADDRES	800	MA SER		Deviden Ander			
-	1	4-101014	VIA. K	SKAIP!	1114 JUL	40 1964	MISCON-NOVERT			

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 7h HOUR Landen DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 1912 White YRS 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED U.S.A. Wicomico WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Peninsula General Hospital PE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY
Building Supply Company USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Salisbury 13d INSIDE CITY LIMITS? 13. SIRET ADDRESS / ZIP CODE 515 Pine Bluff Road 21801 15. MOTHER'S MAIDEN NAME Lorenzo Landon Elizabeth Mary Justice Mrs. Genevieve Landon (Wife)
Same as #13e 16b SOCIAL SECURITY NO. 17. INFORMANT 214-10-7969A 18 CAUSE OF DEATH (Enter only one cause per line for a), (b), opel (c).
PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSCOUENCE OF ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES NO [

PART 2 OTHER SIGNIFICANT CONDITIONS 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2)

P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY

211 LOCATION

MEDICAL

AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 220.1 certify tho (1) (this hospital) attended the deceased from

CITY OR TOWN COUNTY STATE

above, (1) (we) (did) (did not) view the body after death. 226. SIGNATURE

and that in (my) four) opinion death occurred on the date and hour and fram the causes stated

DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Helen M. Baldado, M.D. 22e ADDRESS

**ATTENDING** 

PHYSICIAN

21801

23a. BURIAL CREMATION, REMOVAL 23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY WicomicoMemorial Pk

DEGREE

547F Riverside Dr., Salisbury, Maryland Salisbury Wicomico Maryland

(SPECHY) Burial 24 FUNERAL DIRECTOR

FOR

- STATE

LITYPE OR PRINTI

3. SEX

REGISTRAR I. DECEASED NAME

Crisfield, Maryland

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if any, which gove rise to immediate couse (a), stating underlying couse

O CITY OR TOWN OF DEATH

Salisbury

Maryland

14 FATHER'S NAME

CERTIFICATION

John FIRST

John

Wicomico

IMMEDIATE CAUSE 10

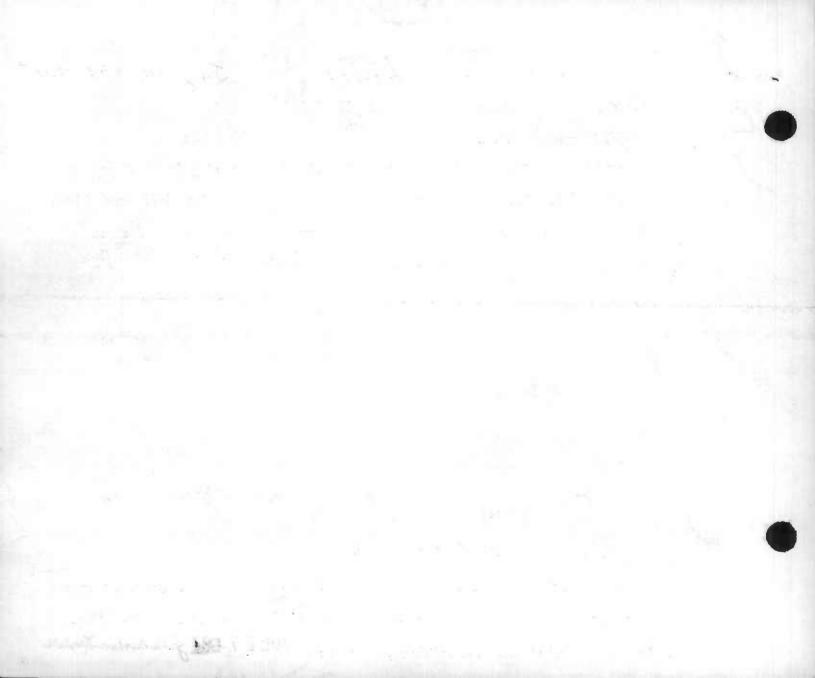
4: RACE

Holloway Funeral Home, P.A. Salisbury, Maryland

7/17/84

DHMH - 16 50M 4/83 (VRA 15, 4)

ould b



## should be detoched for use as with the State Dept. of Health

injury, or other troumotic

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-		REGISTRAR				CERTI	CALL OF PLACE	REG. N	Э.			
ì		E ASED NAME	FIRST	A	AIDDLE	l	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOU	R
ŀ	(TYPE C	IJO	yd	P.	I	IVINGS	STON	7/7/84			2:3	5Am
1	3. SEX		4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	-	
		Male		Whit	е	MONTH 3	3/23/04 YEAR	79	YRS.		HOURS	MIN.
d		THPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MARRIED	9. BALTIMORE CITY O	_	OF DEATH		
1		ew York		USA		WIDOWE		Wicomic	)			MD.
/	10 CIT	Y OR TOWN OF DE	ATH 1		OSPITAL, NURSI		OR OTHER INSTITUTION	128 USUAL OCCUPATI			OF BUSINE	SS OR
	100	lisbury		Deer	s Head C	enter		Maintand	е		d of	Ed.
)	13a. S1	RESIDENCE OF NUR LATE Bryland	Worce	Υ	GIVE RESIDENCE BEFO 13c. CITY OR TOV Newark	WN	13d. INSIDE CITY LIMITS? YES NO 🔀	Rt. 1, Box		/ 21	841	
	14. FA	Hiriam	WI	DDLE L	ivingsto	n	15 MOTHER'S MAIDEN NAME Carrie	MIDDLE	Pot	ter	ST	
٦		AS DECEASED EVER		ED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	SS			
	[41	Yes	-29	220108	thit	Jennie F. I	ivingston,	Newarl	k, Mar	yland	-	
1										APPRO)	MATE INTER	VAL DEATH
1		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) POR CAVILLY CONBrownship accident								10	ant.	
1		DUE TO, OR AS A CONSEQUENCE OF										
1		Conditions, if ony, which gove rise to immediate (b) Diabetts Mellitus							+			
		cause (o), stofing the underlying couse lost.  DUE TO, OR AS A CO			R AS A CONSEQU	JENCE OF						
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1001										
ï	ATIO	19a DATE OF OPER	TION			H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES.	WERE FINDI	INGS USED	
	CERTIFICATION		Na DATE OF OVERNITION					YES NO		YING CAUSE:	S OF DEAT	_
ì		21a. ACCIDENT WAS UN		21b. TIME O						ART   OR PART 2)		
	Į¥ J	(# EITHER, NOTIFY MED		' I	P.M. 19							
1	MEDICAL	21d INJURY OCCURRED 21e		21e PLACE O	TE PLACE OF INJURY		211 LOCATION STREET	City OR 10	wN	COUNTY	S.	TATE
4	-	AT WORK AT WE	ORK				,	0/-				
		22a. certify that (I saw the deceadobove, (I) we)				84.	nd that in (my) (OU) apinion	death occurred on the d	ote and hour		that (1)	
		226. SIGNATURE	Opan (did not)	view the body	↑ / L		DE GREE ATTENDING	MEDICAL STA		22c DAJE	SIGNED	
		224. PHYSICIAN'S N	aus Cl	0/	7 750	39	PHYSICIAN [	DIRECTOR PHYSIC	IAN A	1///	prej	
				NG M.D.			Deer's Head	Center, Sa	lisbur	y, Md.	2180	)1
		URIAL, CREMATION	, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	5	TATE
	13	Burial		7/10	/84	Bowen	Methodist	Newark	Marvi		.,	

DHMH - 16 50M 4/83 (VRA 15, 4)

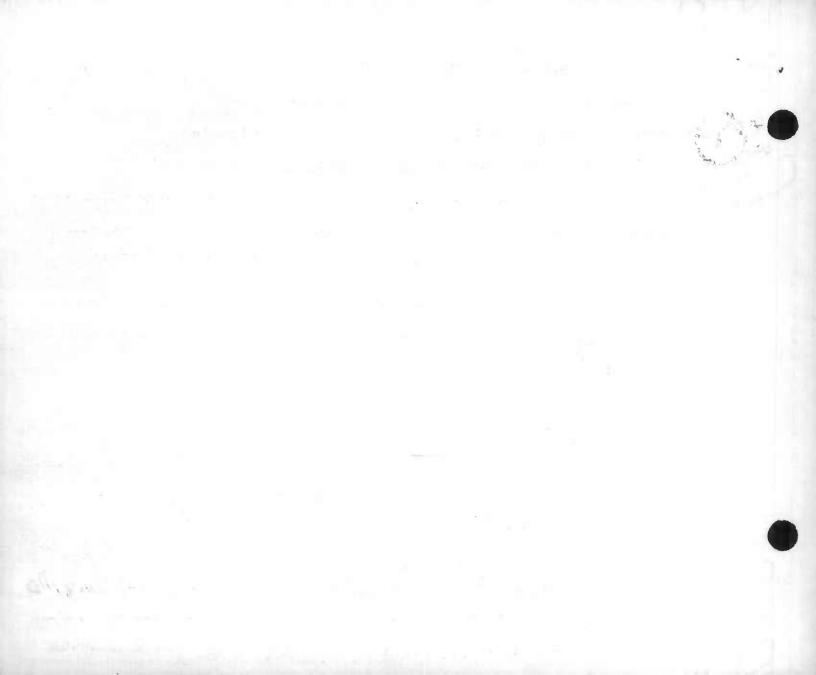
BP.

TO FUNERAL DIRECTOR:

Norman F. Dennis,

Snow Hill, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN TX 2b. HOUR (TYPE OR PRINT) OF ESTI-Ф936<sub>м</sub> MADDOX JAMES WELDON 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS 2d. HOUR IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 11 Male White Oct. 14, 1923 60 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Wicomico U.S.A. Maryland WIDOWED DIVORCED CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Salisbury Peninsula General Hospital Engineering Tech. NA SA SUAL RESIDENCE HE IN NURSING HO OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13e. STREET ADDRESS 214 14th St. 13c. CITY OR TOWN 136. INSIDE CITY LIMITS? Pocomoke City (21851)Maryland Worcester NO 1 214 YES T 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST H. Maddox. Tyler Norman Bessie 1B. GIVE PAGE WITH FORM MT. PAGES E, DIVISION 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) 231-18-8063 Yes Joan E. Maddox Same as 13 a.b.c.d.e 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Myocardial Infarction minutes IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . NO X 3 SHOULD BE L DEPARTMENT C I PRÍOR TO BUR 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE WHILE NOT WHILE CITY OR TOWN COUNTY TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STI BALLIMORE, MARYLAND, 2 220 I certily that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from Hamicide Undetermined manner Notural c Accident TITLE (SPECIFY) ACTUAL DATE 7-26-81 Deputy MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME ADDRESS 409 Camden Ave., Salisbury, Md. Earl Rover M.D. 234 NAME OF CEMETERY OR CREMATORY Sunnyridge Cometery 230.BURIAL, CREMATION, REMOVAL 23b DATE 7/27/84 23d LOCATION Somerset Crisfield 250 DATE REC'D BY AGGISTRAR 256 REGISTRAR'S JIGNATING MATERIAL PARTY AND ALLER AND ALL 24. FUNERAL DIRECTOR **DHMH - 17** Bradshaw Funeral Home, Crisfield, Md. (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND

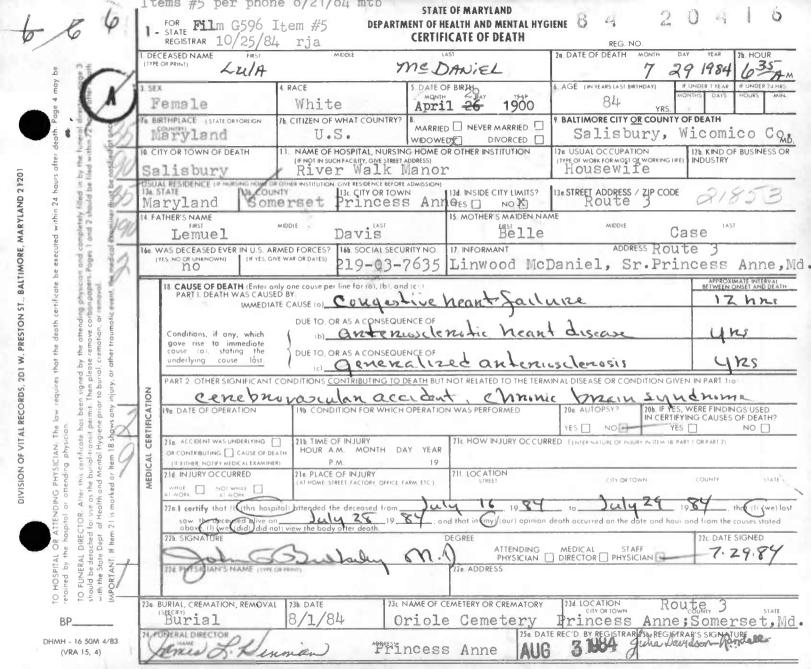
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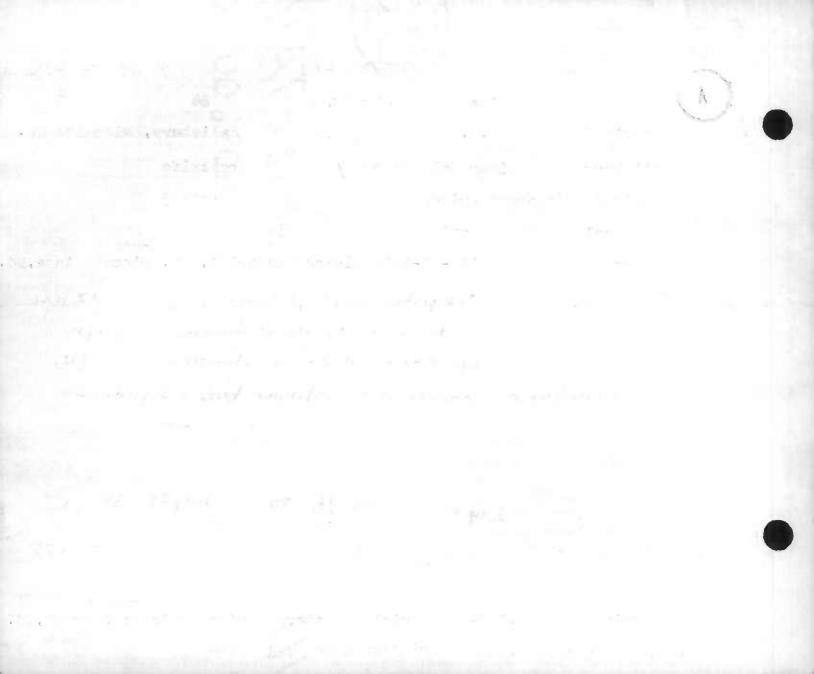
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-MARSHALL 0005 2, AND 3 TO THE FUNERAL DIRECTOR.
3. RETAIN PAGE 5 FOR YOUR FILES.
2 SHOULD BE FILED, WITHIN 72 HOURS AL RECORDS, 201 W. PRESTON STREET, IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 11 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUN Wicomico WIDOWED [ DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Peninsula Gener General Hospital Salisbury 13d. INSIDE CITY LIMITS? BALTIMORE, MD. 14 FATHER'S NAME rence 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURU PAGES 1 DIVISION DR UNKNOWN) ALONG WI CAUSE OF DEATH (Enter only one cause per line for (a HIEF MEDICAL EXAMINER ALONG USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY: Multiple Trauma davs DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last USED AS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNRAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HI BALTMORE, MARYLAND, 21201 PRIOR TO BURAL YES NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY MEDICAL 6-29 Driver of MoPed, lost control & fell. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211. LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE St., AT WORK AT WORK Broad Pocomoke. Worcester. Md. 22a I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Hamicide Undetermined manner Accident TITLE (SPECIFY) 7-9-84 Deputy\_MEDICAL EXAMINER SIGNATURE EXAMPLER'S NAME ADDRESS 409 Earl Royer, M.D. Camden Ave. . Salisbury, Md. 23c. NAME OF SEMETERY OR CREMATOR 230 BURNAL, CREMATION, REMOVAL 23b. DATE BP DHMH - 17 New Church, Home, Funeral Va. (VR A15 ME (5)) 20M 4/82

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	1 DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
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皇 45 47	14. F	ATHER'S NAME		15. MOTHER'S MAIDEN DA	AME -
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he de		gave rise to immediate cause (a), stating the	10,	6	7 05 ( 5)
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quire sign hen j to bu ijury,	z	PART 2 OTHER SIGNIFICANT			WIN AT DISEASE OF CONDITION GIVEN IN PART 119
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1 2 4 60	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OP	ERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
25 25 21					YES NO YES NO
2 1 1 1 1 E	U	210. ACCIDENT WAS UNDERLYING		YEAR 216. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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N を まま 草		AT WORK - AT WORK	oital) attended the deceased from	7/77 1080	1 to 7/27 19 50, that (I) (we) last
N 1 8 5 2 5				and that in (my) (gur) paging	n death accurred on the date and hour and from the causes stated
1 2 7 2 E	-		or yew the body after death.		
ST ESSE		22b. SIGNATURE	116	DEGREE ATTENDING	MEDICAL STAFF
		0	/	PHYSICIAN	DIRECTOR PHYSICIAN
HOSPITAL Tred by the FUNERAL Aid be der the Stote		226. PHYSICIAN'S NAME ITYPE	Carpuny	27e. ADDRESS	( (
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0 f 2 f i <b>1</b>	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c. NOA	AE OF CEMETERY OR CREMATORY	INAMERATION /)
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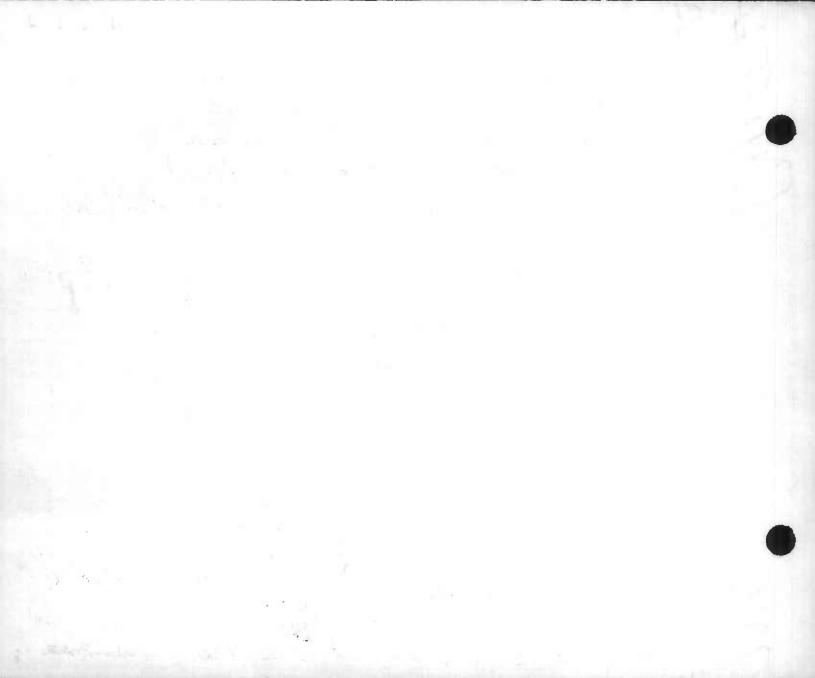
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PRESTON ST		e death certi	e attending p
DS, 201 W.		quires that th	signed by the
TAL RECOR		The law red	ite hos been usit permit. T
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Figs. 4-mi-	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral arrival should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Jund 2 should be filled with 72 hours after
		TAL OR ATTENT	RAL DIRECTOR.
		TO HOSP	TO FUNE should be

	- STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	110
	DECEASED NAME FIRST PRE OR PRINT)  James	WIDDLE	milton	20 DATE OF DEATH MONTH	1984 00
3. 3	SEX Ma 7 a	4. RACE	5 DATE OF BIRTH  MONTH  8 31 YEAR  09	1 - 1	FUNDER TYEAR IF UNDE
7.	Male BIRTHPLACE (STATE OR FOREIGN	White  76. CITIZEN OF WHAT COUNTRY	0 19	74 YRS.  9. BALTIMORE CITY OR COUNTY	OF DEATH
1	COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED XX WIDOWED DIVORCED	Wicomico	OF DEATH
	City or town of DEATH Salisbury	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Peninsula Ger	ng home or other institution , Leral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSIN INDUSTRY
	SUAL RESIDENCE (IF NURSING HOME OF 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO INTY 136 CITY OR TOV Salisbu	VN 1138 INSIDE CITY LIMITS?	136.STREET ADDRESS / ZIP CODE 112 Patrick Ave	
14	FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)  Unkn.	RMED FORCES? 166, SOCIAL SEC	URITY NO. 17, INFORMANT	ADDRESS	
	18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b), a	nd (c)		APPROXIMATE INT
	PART I. DEATH WAS CAUS	ATE CAUSE (a) HEPATI	C ENCEPHALOP	ATHY	3 DAT
NOIL		CONDITIONS CONTRIBUTING TO	BLEED  DEATH BUT NOT RELATED TO THE TERM		
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS US YING CAUSES OF DEA S \( \) NO
		HOUR A.M. MONTH	PAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
MEDICAL	21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TOWN	COUNTY
	saw the deceased alive above, (1) (we) (did) (did)	pital) attended the deceased from 10 17 16 19 19 19 19 19 19 19 19 19 19 19 19 19	2-14	death occurred on the date and hou	
1	226. SIGNATURE  Referred B  224 PHYSICIAN'S NAME (TYPE	all	7 /18/8		
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230	BURIAL, CREMATION, REMOVA (SPECIFY) Remova 1	1. 23b. DATE 23c. 7/20/84	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
24	FUNERAL DIRECTOR  NAME  Anatomy	ADDRESS		TE REC'D. BY REGISTRAR 256. REGIST 25 TO 1984 June David	A. a. Sec.

STATE OF MARTLAND



Salisbury Peninsula General Hospital   TIPPE Gryger (1987) STATE   Peninsula General Hospital   TIPPE Gryger (1987) STATE   Peninsula General Hospital   TIPPE Gryger (1987) STATE   TIPPE Gryger (198	٠,	200	<u></u>	OF MARYLAND			0.0		- 1
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76. BIRTHPLACE ISTATE ON ORIGINAL TOWN OF DEATH COUNTRY?    MARRIED		MONTHS DAY	12	DAY YEAR	MONT	1. RACE B/K	m	3. SEX	
10 CITY OR TOWN OF DEATH   11. NAME OF MOSPITAL, NURSING HOME OR OTHER INSTITUTION   126 USUAL OCCUPATION   126 USUAL SCULPT OR SIRRER ADDRESS   127 OR SIRRER ADDRESS   128 STREET ADDRESS   129 OR SIRRER ADDRESS   129 OR			9. BALTIMORE CITY OR	D NEVER MARRIED .	HAT COUNTRY? 8 MARRIE	76 CITIZEN OF WHAT	NIRY]		95
USUAL RESIDENCE (IN NUTSING HOME ON CHIEF INSTITUTION, CAN RESIDENCE BEFORE ADMISSION)  136 STATE  136 CONTY  131 CONTY  131 CONTY  132 CITY OF JOHN  145 DUE 1  15. MOTHERS MAIDEN NAME  15. MOTHERS MAIDEN NAME  168 WAS DECEASED EVER IN U.S. ARMED FORCES?  168 WAS DECEASED EVER IN U.S. ARMED FORCES?  169 COLL SECURITY NO.  170 INFORMANT  170 INFORMAN	OF BUSINESS	WORKING LIFE) INDUSTR	I TYPE OF WORK FOR MOST OF V	OR OTHER INSTITUTION	SPITAL, NURSING HOME (	(IF NOT IN SUCH FACT	1.		(1)
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190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  200. IF YES, WERE FIND II IN CERTIFYING CAUSES  YES  210. TIME OF INJURY  OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. MONTH DAY YEAR  190. DEFINE IN OFFICE FARM. ETC.)  210. INJURY OCCURRED  211. LOCATION  STREET  CITY OR TOWN  COUNTY  212. Lecrify Ind (I) (this hospital) ottended the deceosed from obove. (II) (Me) (did) (did not) view the body after death.  220. DATE  210. AUTOPSY?  200. IF YES, WERE FIND II IN CERTIFYING CAUSES  YES  YES  NO  121. HOW INJURY OCCURRED (ENTERNATURE OF INJURY II ITEM 18 PART I OR PART 2)  CITY OR TOWN  COUNTY  220. Lecrify Ind (I) (this hospital) ottended the deceosed from obove. (II) (Me) (did) (did not) view the body after death.  221. SIGNATURE  222. DATE  222. DATE  223. DATE  224. DATE  225. DATE  226. DATE	10	)ITION GIVEN IN PART	nal disease or condi	NOT RELATED TO THE TERMIN	ITRIBUTING TO DEATH BUT	CONDITIONS CONTR	ART 2 OTHER SIGNIFICANT C	NO	5
OR CONTRIBUTING CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)  P. M.  21d. INJURY OCCURRED  21e PLACE OF INJURY  IAT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  22e. I certify that (I) (this hospital) ottended the deceosed from  sow the deceosed have on the deceosed from the d		IN CERTIFYING CAUS		N WAS PERFORMED	ON FOR WHICH OPERATIO	19b. CONDITION	DATE OF OPERATION	TIFICATI	G
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276. SIGNATURE  DEGREE  ATTENDING  MEDICAL STAFF  PHYSICIAN TO PURSICIAN TO PHYSICIAN TO	, that (1) the	te and hour and fram t	eath occurred on the dot	nd that in (my) (our) opinion de	(1)	-7/7			2
22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS FY 7 KINIER SINE	12/8	F		11 X ATTENDING	nldede	37.181	b. SIGNATURE Veller		<b>⊨</b>
HELEN M. BALDADO SALISBURY Md. 21801	DRIL	21801	Ry mo	SALISBU	DANO	BALD	HELEN M		APORTANI
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY CITY OF TOWN CITY O	D.	Dico	CITY OR TOWN	. 11	. /	236. DATE 2-7-84	CHY) D		1



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

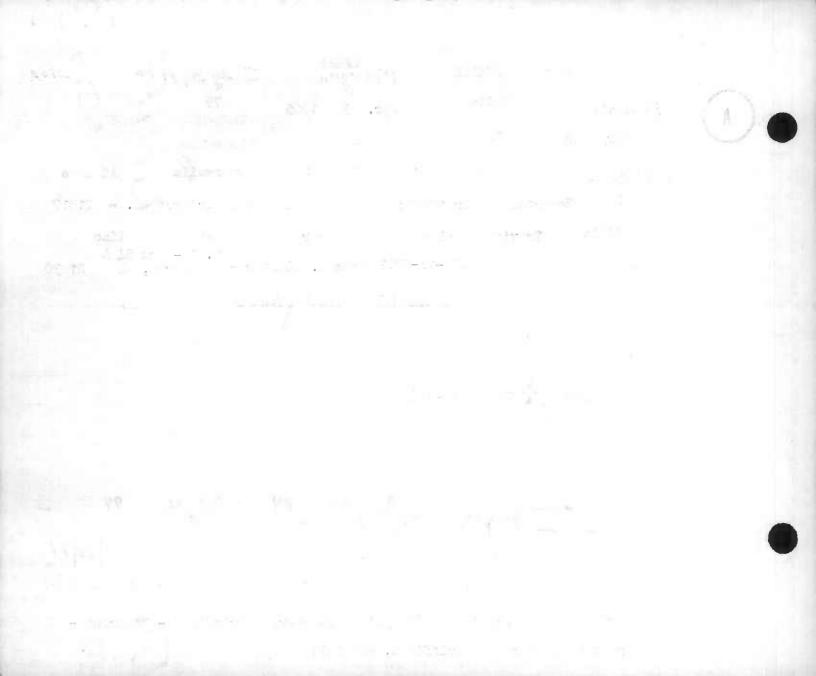
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		CEASED NAME FIRST SALLY	EVELYN	M	MORGAN V 90n	July 30,	MONTH DAY YEAR	26 HOUR 2:30 A
	3. SEX	Female	White	5. DATE C MONTH Apr.	DAY YEAR	6. AGE (IN TARS LAST BIRTH	YRS.	
5		Maryland	76. CITIZEN OF WHAT COUN	WIDOWE		9 BALTIMORE CITY OF		M
2		alishury	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE eninsula G	eneral	Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE	WORKING LIFE) INDUSTR	oof Business or RY home
5	IJa S	AL RESIDENCE THE	TY ISC CITY OR CYTS	TOWN	YES NO	13e.STREET ADDRESS / 100 Marine	ZIP CODE	21817
2	14 FA	ATHER S NAME	ravis Diz	e	15. MOTHER'S MAIDEN NAM	Jane	Dize	LAST
7	16a V	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE		SECURITY NO. 14-2911	Anne M. Winds	Rt. Allored Heb	SS Box 54 A pron, MD	21830
	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT COMMUNITY.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEQUENCE OF	1	INAL DISEASE OR COND	DITION GIVEN IN PART	Ita
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	VHICH OPERATIO		20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	SES OF DEATH?
7	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER) 21c.1 certify that (1) (1 to hospit sow the deceased alive on above, (1) (uni) (did) (did not 22b. SISPLATURE) 22d. PHYSICIAN'S NAME (TYPE)	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	19 DEFICE, FARM, ETC.)  From 19 19 20 20 20 20 20 20 20 20 20 20 20 20 20		CHY OR TON  Geoth occurred on Ado  MEDICAL STAF  DIRECTOR PHYSIC  ST. SALI	ote and hour and from the film   120. D	, that (I) (ma) los the couses stated ATE SIGNED
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 8/2/84		idge Cemetery	23d LOCATION CITY OF TOWN Crisfield		
	24 FI	UNERAL DIRECTOR  NABradshaw & S	ons Crit	field,	MD 21817   250 DATE	G 3 1984	756 REGISTRAR'S SIGN	IATUBA JAMES

DHMH - 16 50M 4/B3 (VRA 15, 4)

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should be detoched for use as the burial-transit permit. Then please reme with the State Dept. of Health and Mental Hygiene prior to burial, creme IMPORTANT: If them 21 is marked an them 18 shows any injury, or other tri



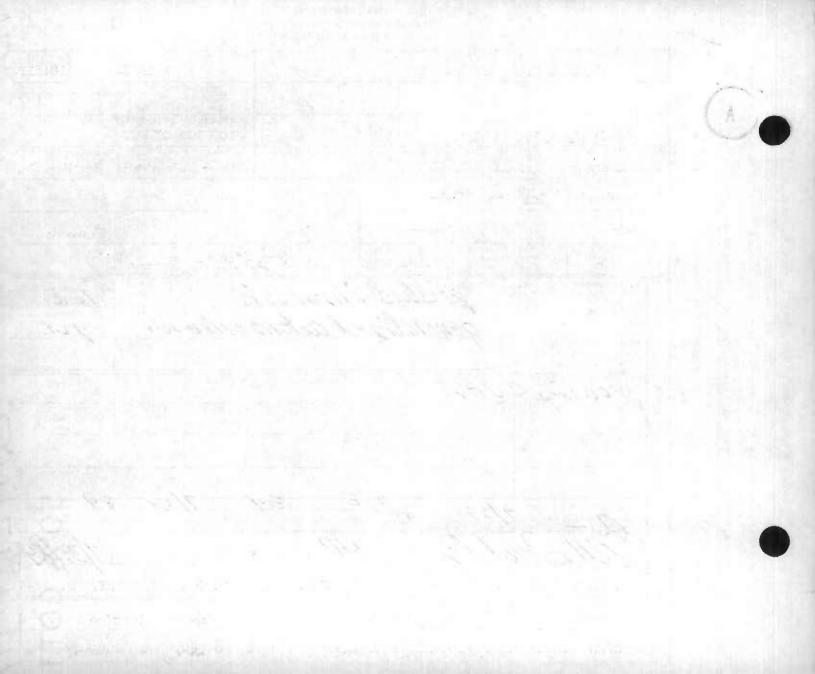
Holloway Funeral Home, Salisbury, Maryland

Guna Davidson-Mandalle

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND	MENTAL HYG	IENE 8	REG. NO	2	U	4	6.	J
1		EASED NAME FIRST		AIDDLE	· ·	AST		20 DATE OF E		AONTH	DAY	YEAR	2b. HOU	R
1	(TYPE (	Charles		Bailey	m	ORRIS	1 1/2		JUL	Y 2	3. 19.	24	13	2/ M
1	3. SEX		4. RACE		5 DATE C			6. AGE (INYEA	RS LAST BIRTH	(DAY)	IF UNDER		IF UNDER	
	/	Male	Wh	ite	MONTH 02	15 1	923 P	61		YRS.	MONTHS	DAYS	HOURS	MIN.
1		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8.	D XXNEVER	AAA DDIED 🗍	9 BALTIMOR	E CITY OR	COUNT	Y OF DE	ATH		
/	Pr	incess Anne, Mo	ryland U	J.S.A.	WIDOWE		NORCED	Wicon	nico					MD.
1		Y OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET / Sula Gen	ADDRESS)		_	12a USUAL OF TYPE OF WORK F	OR MOST OF	WORKING L	FE) IND	USTRY	busine	SSOR
2	13a. S	Maryland Wice		GIVE RESIDENCE BEFORE 131 CITY OR TOWI Pittsville		13d INSIDE C	NO 🗌	13: STREET AL	DDRESS /	ZIP COD	É		850	
7)		THER'S NAME	MIDDLE	LAST			S MAIDEN NAM	WE	MIDDLE			LAST		
Ź	C	harles	M	orris		Mab	el				Tho	mas		
		(# YES, GIV Y CS	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 215-12-6		17 INFORMA	Mrs. e as #1:	Helen 3e	J.ADMES	rris	(Wif	e)		
		18 CAUSE OF DEATH (Enter on	ly one couse per	line for (a) 161, and	dires)	MI	)				В	APPROXU	NATE INTER	DEATH
	18. CAUSE OF DEATH (Enter only one couse per line for (a) /b), and (c).) PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)													
			DUE TO, OI	R AS A CONSEQUE	NCEST	)								
		Conditions, if any, which	(b)								_			
		cause (a), stating the underlying cause last.	DUE TO, OI	R AS A CONSEQUE	NCE OF									
			(c)		F 4 711 0117									
	NO	PART 2 OTHER SIGNIFICANT O	ONDITIONS <u>CC</u>	ONTRIBUTING TO L	DEATH BUT	NOT RELATED	O TO THE TERM	INAL DISEASE	ORCOND	ITION GI	VEN IN P	'ART Ita		
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	ORMED	200 AUTOF	SY?	20b. IF YE IN CERTI				
	E							YES 🗌	NO		ES 🗍	AUSES	NO [	
)		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURR	RED (ENTERNATI	IRE OF INJURY	IN ITEM 18	PART I OR I	PART 2)		
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	1111		19									
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	ARM ETC 1	21f LOCATI			CITY OR TOW	IN	cou	NTY	S	TATE
	~	AT WORK NOT WHILE AT WORK			7	X		<i>i</i>				/		
		220 I certify that (I) (this hasps	1	1 /- 7	9///	13	19 84	, to	1/23		19	Z	hat (I) (v	we) lost
		saw the deceased give of above, (I) (we) (ald) (dig no	1) Yew the body	after death.	/		(aur) opigian o	death accurred	on the dot	e and ho				ated
		77h SIGNATURE	TW			DEGREE	ATTENDING	MEDICAL	STAFF	:	220	DATES	SIGNED	
_		224	1				PHYSICIAN [	DIRECTOR			$\perp$	7/2	3/2	<u>/</u>
		224 PHYSICIAN'S HAME (TYPE	Rati	Fetto		220 ADDRES	G 4	(	Salisb	ury,	Md.	2180	)1	
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR		23d LOCAT	ION R TOWN		COUNT	× .	(	TATE
	Ι ''	Cremation Cremation	7/25	/1984  Ca	ne He	nlopen	Cremate	oty Le	wes	Suss	ex	Dela	ware	2

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Holloway Funeral Home, P.A. Salisbury, Maryland



## STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REGISTRAR

- 1						REG. IN	0.	
4		EASED NAME FIRST	MIDDLE	LAS		20 DATE OF DEATH	MONTH DAY YEA	R 26 HOUR
	(TYPE	ORPRINT) FRANCE	5 I.	MOK	PROW	July a	2 1984	1515 M
	3. SEX	4 R	PACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIR		
3		FEMALE 1	NHITE	MONTH	16-07	177	YRS.	AYS HOURS MIN.
-			CITIZEN OF WHAT COUNTRY	? 8	A HENCH HADDED [	BALTIMORE CITY	OR COUNTY OF DEATH	A
		OUNTRY) N.J.	USA	WIDOWED		Micomico		MD.
1	10 CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURS	ING HOME OR	OTHER INSTITUTION	120 USUAL OCCUPAT		D OF BUSINESS OR
C			(IF NOT IN SUCH EACHLITY, GIVE STREET eninsula Ger		Hospital	CASELOOK	F WORKING LIFET INDUST	DCIAL
1	130. S	L RESIDENCE I IF NURSING HOME OR OTHE TATE 136 COUNTY	ER INSTITUTION GIVE RESIDENCE BEFO		36. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE	21811
		MD VILLO	R BERI	/	YES NO	19 11	PORT	DR
-	14 F A	THER'S NAME		//-	S. MOTHER'S MAIDEN N	IAME	W/UI	1010
1	)	MATTHEL	U IRUN	N	MORY	TONE	IRWIN	) LAST
	Iáo. V	AS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SEC	URITY NO. 1	7 INFORMANT	ADDR	ESS	
)	14	ES, NO OR UNKNOWN) (IF YES, GIVE WA	(R OR DATES) (01 211	NIGA	MI	11.00 mi	Aco.	( )
1			186-37-	0111	111111	MKOW	KEKL	-100
		18 CAUSE OF DEATH (Enter only of	ne couse per line for (a), (b), a	nd (c).)			APP BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
		PART L DEATH WAS CAUSED BY	/ // // ~	w Mo.	tastases	Law Coran	7	
		IMMEDIATE C.	A03E (0)			18.4		
			DUE TO, OR AS A CONSECT	SENCE OF C	Lh. Part	Chamethere	aby 1	-
		Conditions, if ony, which (	(d)	3/	rus 1011	0,47,4	11	
		gove rise to immediate	15//				-0	
		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQU	JENCE OF				
			(c)					
		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT N				
	CERTIFICATION		og estre bea	_		- 01	kalene -	
-	V	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU	
	프					YES NO	YES 🗀	NO [
-	E E	71a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJE	IRV IN ITEM IS PART I OR PART	(2)
		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR		TENTER TOTAL OF THE		-,
	N N	(IF EITHER NOTIEY MEDICAL EXAMINER)	P.M.	19				
	MEDICAL	21d. INJURY OCCURRED	21s PLACE OF INJURY		21f LOCATION		OWN COUNTY	Y STATE
	₹	WHILE NOT WHILE	AT HOME STREET, FACTORY, OFFICE	EARM ETC )	STREET	CITY OR TO	WN COONIT	SIAIE
	1.3	AT WORK AT WORK	L	7/26	84_	7/27	7/2 84	
		220.1 certify that (I) (this hospital)		112		-/, to	19	, that (I) (we) lost
		sow the deceased alive on above, (1) (worldid) (did not with	7/22 19	, ond	that in (my) (our) opinio	n death accurred on the d	ote and hour and from	the couses stated
		22b. SIGNATURE	24/2	DF	GREE		22c D	ATE SIGNED
		/ /	Me Jaw.	2 1	ATTENDING			22/84
_					PHYSICIAN	DIRECTOR   PHYSIC	IAN   //	1-/
		224. PHYSICIAN'S NAME (TYPE OR PRI	NI)		22e ADDRESS			

DHMH - 16 50M 4/83

23b. BATE

23c NAME OF CE

RY OR CREMATORY

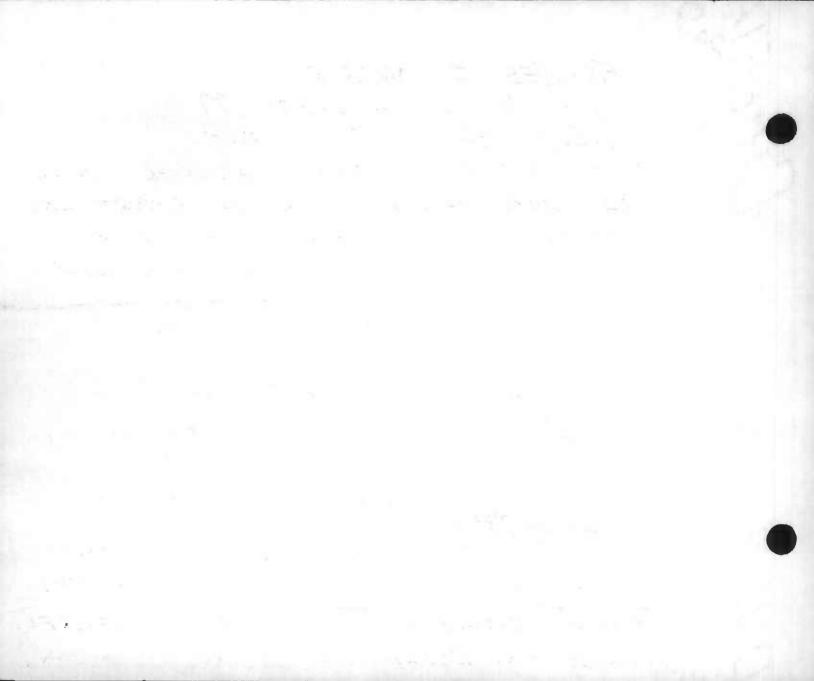
(VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remave cark with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, or

MPORTANT: If them 21 is marked or them 18 shows any

REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

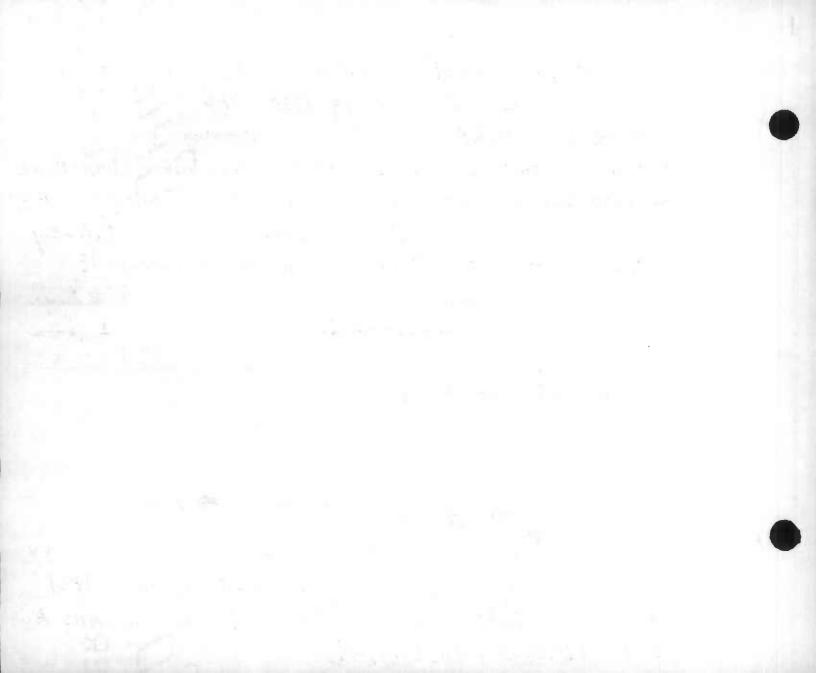
STATE

DIVISION OF VITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

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2/	. (4)		FOR STATE			OF HEALT	MARYLAND HAND MENTAL H	() 1	0 4 2	0
L. B.	LAA		REGISTRAR	WEI	MIDDLE	MINER'S	CERTIFICATE O	KEG. INC		-
			CEASED NAME FIRST	BERT	V.	MUC	T O	26. DATE KNOWN DE CONTROL DE CONT	7-4-84 1	856 HOUR
	30055	a SEX		5. DATE OF BIRTH			NDER TYR. TIFUNDER		MONTH DAY YEA	T M
		1	Male White	5 21	30 54	BIRTHDAY)		MIN. PRONOUNCED 7	-4-84 19	11 M
1	SARE TO		RTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WI			IED INEVER MARRI	IED L	OR COUNTY OF DEATH	
	ZZw Z	10.0	Pennsylvania	U.S	- 100		VED DIVORC	ED Wicomi		MD.
	PAGE PRIE	1	Salisbury	Penins	11a Ger	press)		FOR MOST OF WORKING LIFE) Superintent	OR INDU:	STRY
21201	ANY D AND 3 RETAIN RECOILD	3a. S	TATE 13b. COUN Pa. North		113c. CITY OR TO	WN	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 249 W. Sayl	or 9999	79
WD.	TOURS P	14. F/	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDE	EN NAME MIDDLE	tast	
ME.	THE SERVICE		John		Muc		Maria	n	Calabret	ta
ALTIMO	AFTER CHINE PAGES NA MGES NA	16a. \ (Y	VAS DECEASED EVER IN U.S. ARI ES, NO, OR UNKNOWN) (15 YES, GIVE Yes	MED FORCES? WAR OR DATES)	166. SOCIAL SE	24-4086	Nr Same a	s. Elizabeth s #13e	Ann Muolo	>
- 2	S S S S S S S S S S S S S S S S S S S		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)						APPROXIM BETWEEN OF	ATE INTERVAL
SNS	ERW ERW FERM TENE	W		TE CAUSE (o)	Coronar	-	usion		minu	tes
EST	MON MON		Canditians, if any, which		AS A CONSEQU	ENCE OF				
2	MAN		gave rise to immediate cause (a) stating the under-	(b)	AS A CONSEQU	ENCEOF				
7 TO A	ARIA NE		lying cause last.	1 50E 10, 0K	AS A CONSEGO	ENCEO			July 1 10	
DIVISION OF VITAL RECORDS, 201 W.	ULD BE EXECUTED "PENDING" IN PE EF MEDICAL EXAMED AS A BURIAL." HEALTH AND MEI ALCREMATION, C		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PA	RT 1 (a)		
0	A S A S A S A S A S A S A S A S A S A S	CERTIFICATION	19a. DATE OF OPERATION	Lin Course		COSTONE				
¥	HOULD HEF A	FICA	198. DATE OF OPERATION	196. CONDI	TION FOR WHICE	1 OPERATION V	VAS PERFORMED?		20 AUTOPS	
FVII	F. S. C.	ERT	210 EXTERNAL CAUSE WAS	216 TIME OF		21c. H	OW INJURY OCCURRE	ED LENTER NATURE OF INJURY IN ITEM 18	YES PART 1 OR PART 2)	] но 🖺
ON	A HONE		UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY	YEAR 19				
/ISIO	IS CERTING VRITING VRDED T GE 3 SH TE DEPA	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY (ATH	OME, 21f. LC	OCATION STREET	CITY OR TOWN	COUNTY	STATE
ă	WRII WARD WARD PAGE TATE	*	AT WORK AT WORK		TORT, FARM, ETC.)		JIREET	CITORIOWN	COUNTY	STATE
	WINER: THIS CERT THCATE, WRITING BE FORWARDED ECTOR: PAGE 3 SI TH THE STATE DEP TH AND, 21201 PR		22a. I certify that I took charg	ge af the remains des	scribed above, he	dan Autaj	osy , Inspectio	n K. Inquiry K. an	nd in my opinian	
1	A PER		death resulted from	couses X,	Accident .	Suicide _		Undetermined manner .		
	多数の数さる	1	ACTUAL I	1 1	,		TITLE (SPECIFY)		DATE 7-5-	.81.
-	SESSE	1	SIGNATURE	0/9	1	^	Deputy	MEDICAL EXAMINER	SIGNED 7-5-	.04
	TO MEDICALE EXECUTE THE PAGE A SHOW TO FUNERAL AFTER BEATH BALTMORE		EXAMINER'S NAME Earl				ADDRESS	Camden Ave.,	Salisbury	, Md.
	522542	23a.B	URIAL, CREMATION, REMOVAL				OR CREMATORY	23d, LOCATION CITY OR TOWN	COUNTY	STATE
	BP	74 6	Burial UNERAL DIRECTOR	7/10/8	4 A11	Saints	Cemetery	Bear Can Not	thumberl	nd,Pa
96	Charles 15		Holloway Fun	eral Hos	me Sal	ichum	JUL	9 1984 Julia De	Halson-Manage	
1 4	A seed with the			41 440	me, Dal	TODREA	- PICI.		And the second second second second	

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Market and a series of the series of

executed within 24 hours after death.

that the death certificate be

The law requires

attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN:

TO FUNETAL DRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral directions to the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled within 72 hours the steep of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPOSTANT If hem 21 is marked ar Item 18 shows any injury, ar other traumatic event, th

STATE OF MARYLAND

FOR - STATE

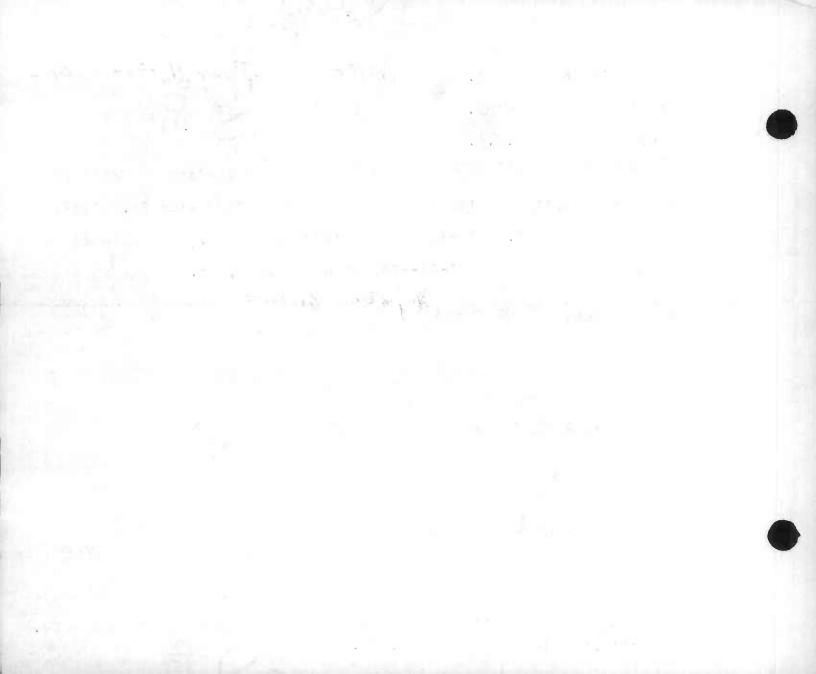
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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J		REGISTRAR				CERTIF	ICATE OF DE	AID	RE	G. NC	).			
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t	10 CIT	Y OR TOWN OF DEATH	1 11. NA	ME OF H	OSPITAL, NURSIN	IG HOME C			120 USUAL OCCU			126. KIND C	F BUSINE	-
1	S	alisbury	Per	nins	ula Ger	neral	Hospi	tal	COOK FOR		WORKING LIFE	INDUSTRY	7.11	
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4	13a S1	4	Sussex	V	Be CITY OR TOW	N	13d. INSIDE CIT	Y LIMITS?	E 30 Na			. 7	0.50	1
Z		THER'S NAME					15. MOTHER'S A	-	E		au Pr	14	458	
1	G	207ae	WIDDLE		Tobin			RST	MID	DIE		LAS	iT.	
4	-	AS DECEASED EVER IN	U.S. ARMED FO	RCES2	166 SOCIAL SECU	RITY NO.	17 INFORMAN			DDRES	SS	1001	+12	
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1	- 1	PART 2 OTHER SIGNIE	ICANIT CONDIT	(c)	NTO IRLUTING TO	DE ATH BUIT	NOT BELATED T	O THE TERMS	LAL DISEASE OR	CONT	UTION CIVI	ENLINI DADI IV		
ı	Z	0		IONS CO	- 0.5	O. L	2	O THE TERMIN	VAL DISEASE OR	CONL	IIION GIVI	EN IN PART II	o .	
d	CERTIFICATION	190 DATE OF OPERATION		CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY	>	20b. IF YES,	WERE FINDIN	VGS USEC	
A	F	Do- 198	ž		. 0.	_	Per X		YES T NO	N		YING CAUSES	OF DEAT	
7	#	210. ACCIDENT WAS UNDER		. TIME OF		up c		JRY OCCURRE	D (ENTER NATURE C	-			140	
1		OR CONTRIBUTING CAL	USE OF DEATH	OUR A.M	A. MONTH DA				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
١	MEDICAL	(IF EITHER NOTIFY MEDICAL		P.ACE O		19	ZII. LOCATION	1						
	ME	WHILE [7] NOT WHILE	LAT		ET. FACTORY, OFFICE, F	ARM, ETC )	STREET		CITY	ORTOV	/N	COUNTY	51	TATE
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1		sow the deceased	oliveron n		19	, or			eath accurred on	the do				
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1	- 1		H.	17		ill	AT AT	TENDING	MEDICAL	STAF	F	7/	10/80	P
+	H	224 PHYSICIAN'S NAM	E TIVE OF PRINT)	1			22e ADDRESS	IYSICIAN L	DIRECTOR   P	HYSIC	AN []	10	CO	
1	- 1	CRASC 7	-Last	Kru	ACTER	(N)								
+	23e P	URIAL, CREMATION, RE	MOVAL 123b [			JAME DE C	EMETERY OR CR	EMATORY	123d LOCATION	V				
	(5	SPEC (FY)	THO THE LOS I	DAIL .					CITY OR TO			COUNTY	51	TATE
4	71 P	mation INERAL DIRECTOR	17/	_11/	84 10	elmar	wa Cre	mator	REC'D. BY REGIS	TRARI	251/2REGIST	HASSES.	URE D	e .
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DHMH - 16 50M 4/83

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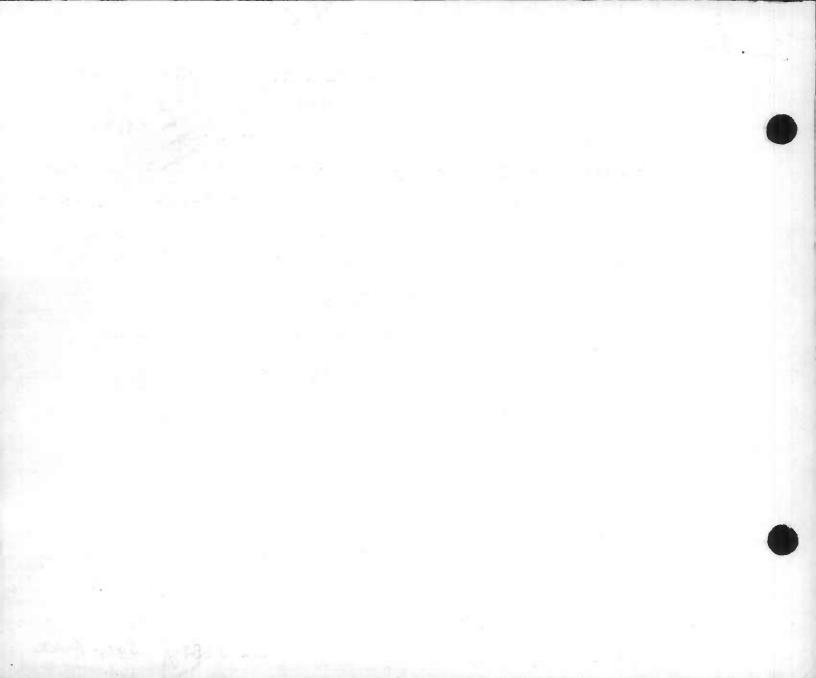
	1 -	STATE REGISTRAR	This city or town Baltimore    Baltimore   Baltimore   Sarah   Sarah   Baltimore   Sarah   Sarah   Baltimore   Sarah   Sarah							
		CEASED NAME FIRST OR PRINT) Margare	t		Č	) Meara				
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30	Sa	TYOR TOWN OF DEATH	Penir	isula Gei	ADDRESS)				INDUSTRY	
35	13g 5	at residence if nursing homestate list colors and Ba		IN CITY OR TOW		YES NO X	7918 Dunhi	ZIP CODE		21207
30		THER'S NAME GEORGE		Ayres		Sarah	Enla		Cu	irtis
2 medico	160 V	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)					oury, N	Marylan	nd 21801
ony injury, or other froumotic	ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION	(c)	CONTRIBUTING TO D	EATH BUT					
shaws or	CERTIFICATION				OPERATIO		YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
20	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	A.M. MONTH DA P.M.			RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	ART T OR PART 2)	
	MED	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME S	TREET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TO	NWN	COUNTY	STATE
with the Stote Dept. of Heel			on			DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	.FF	and from the	couses stated
IMPORTA	23a E	DAVIDE.	( OULT AL 23b. DATE	11 ME	AME OF C	EMETERY OR CREMATORY	MD 2	1861		
-		Burial	7-6-8	84 Lo	rrain	e Park Cemete	ry Woodlaw	n Bal	timore	Marylan
M 4/83 4)	8	728 Liberty Ro	ng Byers ad Randa	llstown,	Jirec Maryl	tors, Ind the and 21133	6 1984	ZAL RESOLU	ASS SIGNAL	Hotell

(VRA 15, 4)

STATE OF MARYLAND



11-1-1	-1-1	Item: 16b per FH - STATE REGISTRAR	G-656 10-3-89 CM	STATE OF MARYLAN  MENT OF HEALTH AND ME  CERTIFICATE OF DE	ND ENTAL HYGII ATH		41-	0 4	3 0	
41	1. 0	DECEASED NAME FIRST	WIDDLE	LAST		REG. NO 2a. DATE OF DEATH M	AONTH DAY	YEAR	2b. HOUR	
ε. <del>ξ</del>	-{1	J.C.		PARKER	, SR.	JUL	Y 17.	1984	1115 M	
8.0	3.	SEX	4. RACE	5. DATE OF BIRTH		S. AGE (IN YEARS LAST BIRTH	IDAY) IF	UNDER I YEAR	IF UNDER 24 HRS	
A		Male	White	5 28 DAY 19	14	70	YRS.	NIHS DAYS	HOURS MIN.	
n 722 o	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Salisbury, Maryl	76. CITIZEN OF WHAT COUNTRY? and U.S.A.		ARRIED X VEVER MARRIED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH WICOMICO MD.			
by the fu	2 5		11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET)  Peninsula Gene	aral Hospit	1.5	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF CREAL Est		17h KIND OF INDUSTRY  - Ret	ired	
filled in sould be	5 13	Maryland Wico	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY. 136 CITY OR TOW MICO Salisbu	YES N		372 Zion (	ZIP CODE hurch	Rd.,	21801	
ond 2 st	14	James H.	MIDDLE Parker LAST	Robert	RST	WIDDLE	G	odfrey		
Pages I	160	(YES, NO OR UNKNOWN)  Yes  (YES NO OR UNKNOWN)  WWI	MED FORCES? 166 SOCIAL SECU 212-16-	7298 1 _	Mrs. s #13e	Ruth Suggs	Parke			
g physicic conpopers removol.		PART I. DEATH WAS CAUSE	ly one couse per line for 104 (fb), one DBY: TE CAUSE (o)	The Shoch				APPROXI BETWEEN O	MATE INTERVAL DNSET AND DEATH	
ottendin ove corb ition, or i		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF Ferre	V.					
d by the ease rem ol, cremo		gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	State Mr	elma	-				
Then plant to buri	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
permit ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORM	MED	200 AUTOPSY?		WERE FINDIN NG CAUSES		
iol-tronsit particular in 18 show				Y YEAR	JRY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM IS PART	I OR PART 2)		
s the buring and Mer	MEDICAL	714. INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	211 LOCATION STREET	٧	CITY OR TOW	N	COUNTY	STATE	
of Health		22e.1 certify that (I) (this hospital) attended the deceased from								
State Dept.		276 SIGNATUR ATTENDING MEDICAL STAFF 7/17/8						JRY		
should be det with the State IMPORTANT:		ASST SHAPECIALS HAVE LIAGO	A. GRASE	22e ADDRESS	S,	Mussim	54	Fales	liny ma	
<b>⊢</b> 's ' ≤	230	BURIAL, CREMATION, REMOVAL (SPECHY), Burial		AME OF CEMETERY OR CR		73d LOCATION CITY OR TOWN		COUNTY	STATE	
	24	Burial FUNERAL DIRECTOR	7/20/1984 W	icomico Memor		rec'D. By REGISTRAR 2				
6 50M 4/83 15, 4)	1"	NAME	ADDRESS		الأنوا	L 2 3 1984	Julia Da	vidson-	Andelle	
		Holloway Funer	al Home, Salisbu	ry, Maryland						



TO DECASED NAME  TO DECASE NAME  TO DECASED NAME  TO DECA	1		FOR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY	CIENE S) A	2043	1
SALLE Dry Den   SALLE Dry Den   S. DATE OF BRITH		1	STATE	DEFARIM		•	2. 0	
Part	1		SALLIE SALLIE	. Dryden	PARKER	JULY 20	1984 09	7/5
MARRIED DOWNCED WICOMICO MD. WI	(A)	1	emale	white		60	YRS. MONTHS DAYS HOURS	
Salisbury Peninsula General Hospital To Annian Street Address of Peninsula General Hospital To Annian SALISTRY SALIBUSTRY SALISTRY SALISTR	22.85		MARYLAND	U,S,A	WIDOWED DIVORCED	Wicomico		MD.
136 STATE   136 COUNTY   136 CITY OR TOWN   136 INSIDE CITY LIMITS?   136 STATE   137 STREET ADDRESS / ZIP CODE   2 180   15 AMBEY AND   15 MOTHER'S MAIDEN NAME,   15 MOTHER'S MAIDEN NAME,   15 MOTHER'S MAIDEN NAME,   16 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIA/SECURITY NO.   17 INFORMANT   17 INFORMANT   18 CAUSE OF DEATH IENTER ON OBJECT   160 SOCIA/SECURITY NO.   17 INFORMANT   18 CAUSE OF DEATH IENTER ON OBJECT   160 SOCIA/SECURITY NO.   17 INFORMANT   18 CAUSE OF DEATH WAS CAUSED BY:   18 INFORMANT   18 INFO	180	1	Salisbury F	eninsula Gene	eral Hospital	(TYPE OF WORK FOR MOST OF WO	RKING LIFE) INDUSTRY	College
JAMES F. DIEST DESTRUCTION U.S. ARMED FORCES? 16b SOCIA/SECURITY NO. 17 INFORMANT ADDRESS STANEY AVE SALIS DUTY NO. 17 INFORMANT NO. 18 INFORM	35	M	AryLAND WICO	13t. CITY OR TOWN	YES NO NO	1215 TANEY	Ave 218	01
S. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)	12	2	JAMES F.	12540	en Katha	rine MIDDLE	PARKE	R
PART 1. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (a)	Puppe /				1061 JAMES V. F.	ANKER SAL		2180
196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO HOUR AMMONTH DAY YEAR 10. HOUR AMMONTH DAY YEAR 10. HOUR AMMONTH DAY YEAR	ed by the attending phy pleate remove corbonon rial, cremption, or remo- or other froundth event		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	Autre Muss			
HOUK A.M. MUNID DAY TEAK I	owen Then	TIFICATION				200 AUTOPSY? 201	b. IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEAT	TH?
	Mental Hygor North Committee or		OR CONTRIBUTING CAUSE OF DEATH	P.M.  21e PLACE OF INJURY	Y YEAR 19 211 LOCATION			STATE
	detoched forte Dept. o		27% SIGNATURE	<i>/</i> o		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED	184
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 776/184	though the S		Joseph A.	G-RM 850	1300 S. D	wom A	Smus Md	
TO SIGNATURE  TO		(	Tremation .	7/26/1984 De	LMANVA CREMATORY	TONY LEWIS	Sussey D	STATEL
DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE ON PRINT)  220. DATE SIGNED  221. DATE SIGNED  222. DATE SIGNED  222. DATE SIGNED  223. DATE SIGNED  224. DATE SIGNED  225. DATE SIGNED  226. DATE SIGNED  226. DATE SIGNED  226. DATE SIGNED  227. ADDRESS  13. D. S. MAME OF CEMETERY OF CREMATORY 236. BURIAL, CREMATION, REMOVAL  236. BURIAL, CREMATION, REMOVAL  236. DATE  236. DATE  236. DATE  236. DATE  236. DATE  236. DATE  237. NAME OF CEMETERY OF CREMATORY 238. DATE  239. DATE  239. DATE  230. DURING  230. DURING  230. DATE  23	- 16 50M 4/83 RA 15, 4)	24. F	Bamben +Bo	UNDS SAL	Shury MAUL'3	1 1984 REGISTIAN DE	HOSEN AND LOUBE	

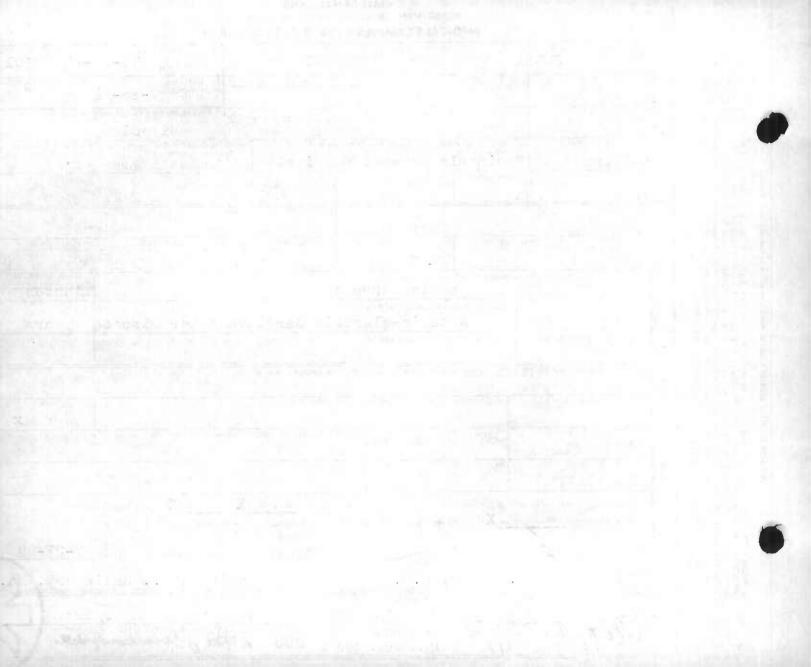
A MANAGEMENT OF THE PROPERTY O A THE RESERVE TO A SECOND STREET OF PROPERTY. MARYLAND CHARLES CHARLES THE PARTY OF THE P STARTER PROPERTY. No. 1 Tell Colonia Colonia Liberto Salisbury nel Stead The state of the control of the state of the Bacca Shows Sharman Sharman

	REGISTRAR			CERTIFI	CATE OF DEAT	TH	REG	G. NO.			
	CEASED NAME	FIRST	MIDDLE	LA	51		20 DATE OF DEAT		DAY	YEAR	26 HOUR
[1179	E OR PRINT)	ory	$D_{\bullet}$	PENNE	WELL		Ju	ly	28,	1984	2:05A M
3. SE	х	4. RACE		5. DATE O	FBIRTH	VEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	Male	Wh:	ite	MONTH 5	- 21 - 19	911	73	YI	RS	JA75	MIN.
7o. B	IRTHPLACE (STATE OR	FOREIGN 76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARE	RIED 🗍	9 BALTIMORE CI	TY OR COU	INTY OF D	DEATH	
D N	iaryland	US	SA	WIDOWEL		CED 🔲	Wicomi				MD.
10. C	ITY OR TOWN OF DE		HOSPITAL, NURSIN		R OTHER INSTITUT	ION	120. USUAL OCCU			NOUSTRY	BUSINESSOR
10/ 5	alisbury	Deer's	Head Cer	nter			Farme			Truck	Farm
USU 13a.	AL RESIDENCE HENUR	SING HOME OR OTHER INSTITUTION	13c. CITY OR TOW	E ADMISSION)	13d INSIDE CITY L	IMITS?	13e.STREET ADDRI	ESS / ZIP C	CODE		
	laryland	Worcester	Snow H	ill	YES NO	<b>X</b>	Rt 2-Box			- 2186	63
En 14 F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MA		iE MIDO	OLE		LAST	
20	Henry	- 1112	Pennewell			ary			Disha	aroon	
		IN U.S. ARMED FORCES?			17 INFORMANT		Al	DDRESS			
N L	(YES, NO OR UNKNOWN)		21834876	55	Pearl I	F. Per	nnewell,	Snow	Hill		
	18 CAUSE OF DEAT	TH (Enter anly ane cause pe	er line far (a), (b), an	nd (c)-1		0			F	APPROXIM BETWEEN O	MATE INTERVAL
4	PART I. DEATH V	VAS CAUSED BY: IMMEDIATE CAUSE (a)_	Cance	V J	2 (chos	5				MAY	19A
Eshawi gny injury, o	PART 2 OTHER SIG	NIFICANT CONDITIONS (	ONTRIBUTING TO				20a AUTOPSY?	20b. I IN CI	IF YES, WE ERTIFYING	RE FINDING	IGS USED OF DEATH?
3/	7 a ACCIDENT WAS UN	IDERLYING 716. TIME	OF INJURY		21c. HOW INJURY	Y OCCURRE	YES NO		YES		NO 🗌
- A	OR CONTRIBUTING	CAUSE OF DEATH HOUR	A.M. MONTH D	AY YEAR							
d or hem	21d INJURY OCCUR	RED 21e PLACI	P.M. OF INJURY		211. LOCATION			ORTOWN		( OUNTY	STATE
¥	WHILE NOT W	HILE	TREET, FACTORY OFFICE, I	FARM, ETC.)	STREET		CIIY	ORTOWN		. 001411	SIATE
2) 11 70	22s I certify that (I	) (this hashed) attended (see alive an did) (did not) view the bad		0 C / , on	d that in (my) (6)	apinian d	eath accurred an t	he date and	, 19_d have and	9	hat (I) e last
E BE	22b. SIGNATURE	0 . 4	11	0	EGREE					22c. DATE S	SIGNED
1		YN2 9-3	HWall			NDING SICIAN []	MEDICAL DIRECTOR PH	STAFF TYSICIAN 2	3	1/2	PAR
1	22d. PHYSICIAN'S N	0	1		22e. ADDRESS					//	, /
NA DORTANI	INJ J.	HWANG M.D	-		Deer's l	Head (	Center S	Salish	ury,	Md.	21801
23a.	BURIAL, CREMATION		,		METERY OR CREA	MATORY	23d. LOCATION		cor	UNIY	STATE
	Burial	7/30	D/84 Ba	ates M	ethodist		Snow F	1177.	Mary.	land	
4/83 24 F	NAME		ADDRESS			25a. DATE	D. BUEN	25hgrE	ANSURA	SSIGNATU	fandere.
	Norman F	7. Dennis	Snow H	ill, M	aryland			- 6			•

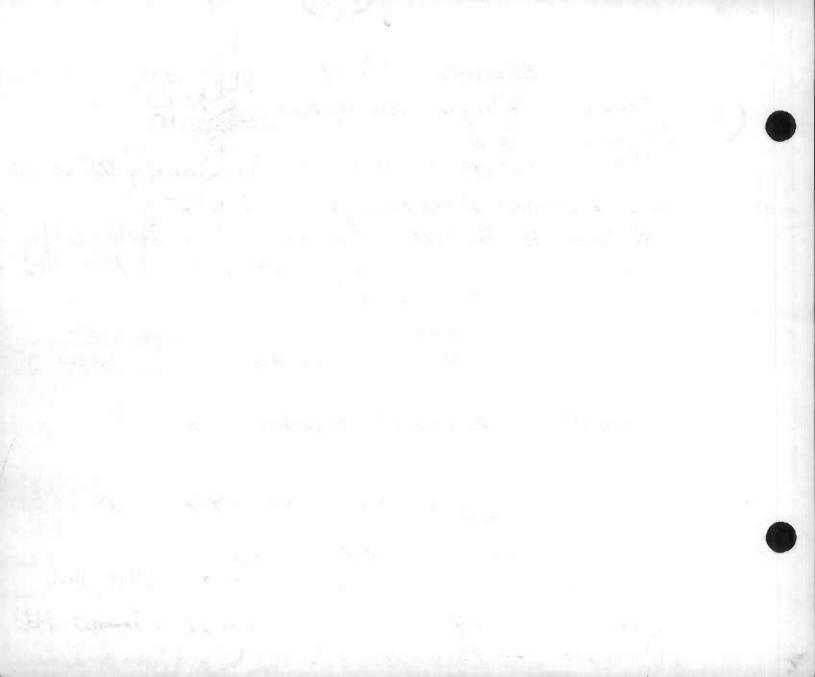
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

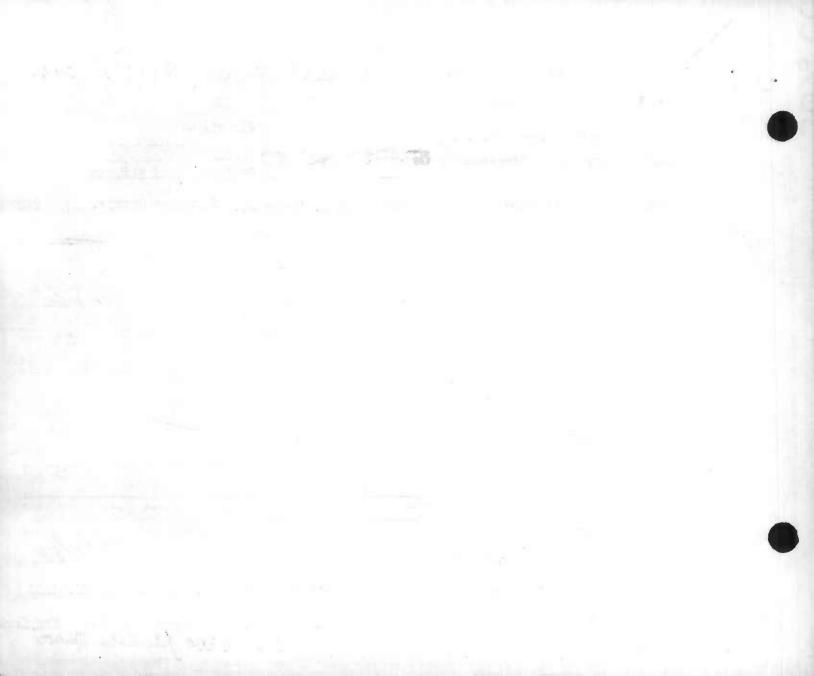
45 f. L 44 TARREST COLUMN TO THE PARTY OF Total . Or The course of the A CONTRACTOR OF THE PARTY OF TH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME KNOWN -(TYPE OR PRINT) 7-26-81 JULIA 301 "ANGELINE" PETRUCCI DEATH MATED 4 RACE 3 SEX IF UNDER 24 HRS PRONOUNCED 26-81 DEAD May 3, 1910 Cauc 74 YRS 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | FOREIGN COUNTRY Wicomico USA WIDOWED X DIVORCED -Delaware II. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Salisbury General Hospital Rtd/Domestic Work USA HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) USUAL RESIDENCE (IF IN NURSING COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Del. N. C. YES [ 406 Cushman Road, Idela Wilmington 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Verilla. Ittarella Domenica Lawrence 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 406 Cushman Rd., Wilms, Del. 19804 TYES, NO. OR UNKNOWN I (IF YES, GIVE WAR OR DATES) 222 07 1443A Caroline A. Richards (Daughter) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cardiac Arrest minutes IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Arteriosclerotic Cardiovascular Disease gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (m) E3 SHOULD BE USED A DEPARTMENT OF HEA 11 PRIOR TO BURIAL, O 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21t. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY Inspection X 220 I certify that I took charge of the remains described above, held an Autopsy Natural soses death resulted fram: Homicide Undetermined manner PAGE 4 SHOULD BE TO FUNERAL DIRECTED AFTER DEATH, WITH TITLE (SPECIFY) ACTUAL 7-27-84 Deputy SIGNATURE Examiner SNAME Earl L. Royer, M.D. Camden Ave., Salisbury, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 7/31/84 Burial Cathedral Cemetery Wilmington, N. C., Del. 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 3924 Concord Pike **DHMH** - 17 McCrery. III Wilm., Del. 19803 (VR A1S ME (5)) 20M 4/82



				STATE OF MARYLAND	0 0	0 4 3 4
	1.	FOR STATE	DEPAR	THENT OF HEALTH AND MENTAL HYC	GIENE Ö	0 . 0 .
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DA	YEAR 26. HOUR
9e 3	(1176	S. A	Eliza beth	Pilchard	Nuly 12, 1984	545 AM
Om 900	3. SE	4.	RACE	5. DATE OF BIRTH	a por in principal and in the contract of the	FUNDER LYEAR IF UNDER 24 HRS
Poge 4	1	Female	White	Mov 12, 1913	10 YRS.	
death. P	MA	RTHPLACE (STATE OR FOREIGN The OUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	WICOMICO	OF DEATH
P T		TY OF TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
tiled the		- / F	eninsula Gei		Office Secretzry	M.P. Light
24 hour		TATE 13 COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE  Y / 190 CITY OR TO	WN 13d. INSIDE CITY LIMITS?	13. STREET, ADDRESS / ZIP CODE	21853
d within appendix	14. FA	Tyler'S NAME PIRST	PICH 2x	Blanche	-MIDDLE T	nneville
e execute		(AS DECEASED EVER IN U.S. ARMI ES, NO GR JINKNOWN) (IF YES, GIVE V			hard Princesu	i M
e b		18 CAUSE OF DEATH (Enter only		Malph Inc	1/8/4 / ////	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physical phy		PART I. DEATH WAS CAUSED IMMEDIATE	BY: CAP DIA		iure	DAY'S
tending re corb on, or r		Conditions, if ony, which	DUE TO, OR AS A CONSEO			WEEK
the dear the atter remove remotion		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF A		
that d by lease of, cr	П	underlying cause last.	(0)	IEL PERFORA		WOEKS
equires n signe Then pl to burn njury, d	N O	PART 2 OTHER SIGNIFICANT CO	nditions <u>Contributing 10</u>	DEATH BUT NOT RELATED TO THE TERM	winal disease or condition give	N IN PART 110
bee bee	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
he k on. hos	Ē	7-4-84	PERFORE	TED LATESTIA	YES NOW YES	
Cote ronsi	ä	210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH		RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT ( OR PART 2)
9 pl	₹ ŏ	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
PHYS the burner of the burner	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
or o or of the o		22a.1 certify that (I) (this haspital	) attended the decensed from	1084	10 7-11	9 4, that (I) (we) last
OR OR STATE		sow the deceased alive on_	7-11 19	(2)	death accurred on the date and hour	
AT A		obove, (I) (we) (did) (did not)	view the Body after death.	DEGREE		22c. DATE SIGNED
PITAL OR A by the ho ERAL DIRE e detached State Dept		<b>M</b> 1	Sallion	- MD ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	,
HOSI ined old b		22d. PHU SICIAN'S ILAME (TYPE OR P	S BARTKOVI	W MEDICAL	- CNTRSAC	95 Md.
Sho of Short	23n F			NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	1	CIFY	2/14/84 /	Beechwood	Princes Anne S	omerset NE.
DHMH - 16 50M 4/83 (VRA 15, 4)	(	NERAL DIRECTOR	ADDRESS	25a. DA	TE REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE
(VRM 13, 4)	1/4	MINO) NAM	nucer	work may be	The State of Building	And Andread Alberta



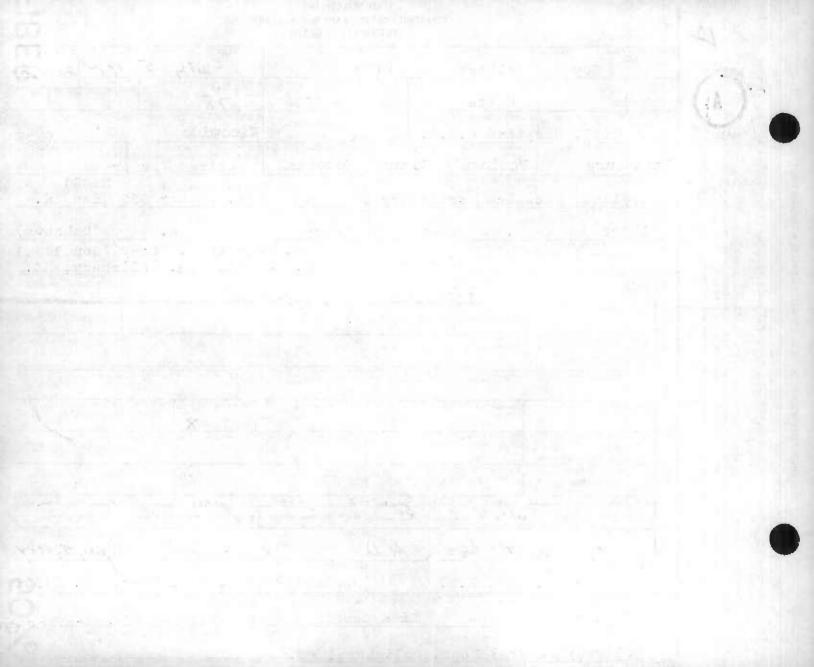


Holloway Funeral Home, Salisbury, Md

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

(VRA 15, 4)



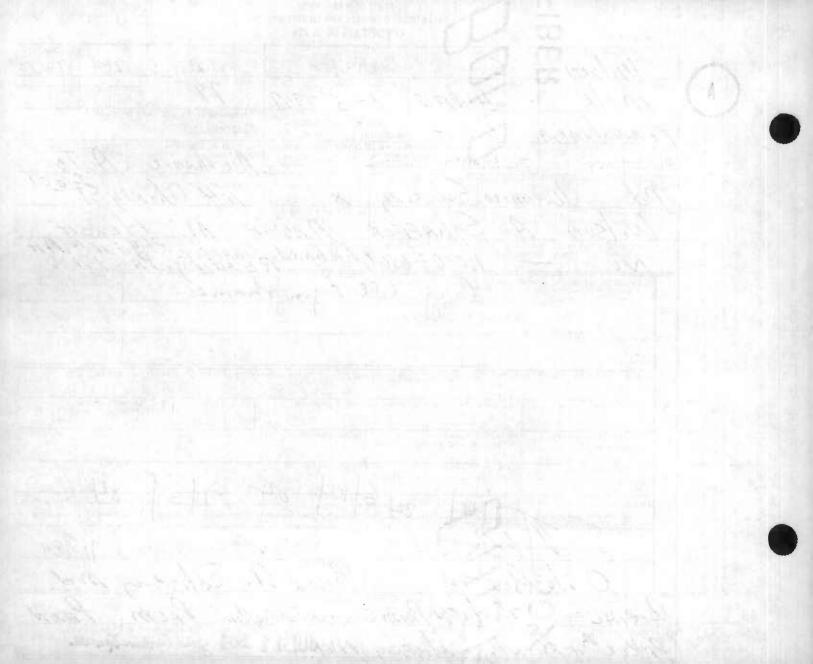


BYO	FOR STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND IF HEALTH AND MENTAL HYO TIFICATE OF DEATH	GIENE & A	204	3 8
<sup>0</sup> 1.	. DECEASED NAME FIRST	MIDDLE	(AST	20 DATE OF DEATH MON	TH DAY YEAR	26 HOUR
deo the deo th	Robert	W. REI	STER	7/9/84		4:50 A,
offe.	SEX Male		TE OF BIRTH DAY 12 1933	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
rol direct 72 hours	(STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MAR	RIED NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH	
를 다 를 (기)	Pittsburg. PA. CITY OR TOWN OF DEATH Salisbury	U.S.A. WIDO  11. NAME OF HOSPITAL, NURSING HOM  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Deer's Head Cente		Wicomico  17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR  Telephone Ins	RKING LIFE) INDUSTRY	F BUSINESS OR
24 hou suld be must be	13a. STATE 13b COUI	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIN	13d. INSIDE CITY LIMITS? YES NO	13a STREET ADDRESS / ZIF 2811 Plover D	CODE	
ond completely toges 1 and 2 she edical example.	4. FATHER'S NAME FIRST D.	MIDDLE Reister	15. MOTHER'S MAIDEN NA	AME MIDDLE	Norten LAST	
n ond co	60. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (18-YES, GP	THE PRICES? 166. SOCIAL SECURITY NO.	Robert Per	ADDRESS	as 13e	
death certificate be oftending physicia over carbon papers inon, or removal.	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), and (c).) DBY: TE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE O	of brees	40	APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH
been signed mit. Then plex prior to burio	PART 2. OTHER SIGNIFICANT I	DUE TO, OR AS A CONSEQUENCE O  (c)  CONDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM	20a AUTOPSY?   201	DN GIVEN IN PART 11c b. IF YES, WERE FINDIN CERTIFYING CAUSES YES	IGS USED
phys phys riffico liftroi ol Hy	OR CONTRIBUTING CAUSE OF DE		21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN I	TEM 18 PART TOR PART 2)	
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of He		atol) ottended the deceosed from 19 19 19 19 19 19 19 19 19 19 19 19 19	, and that in (my) (gur) opinion			
HOSPITAL sined by th FUNERAL sold be detected the the Store	22d PHYSICIAN'S NAME (THE C	HWANG M.D.	ATTENDING PHYSICIAN [ 22e. ADDRESS  Deer's Head	MEDICAL STAFF DIRECTOR PHYSICIAN  Center, Salia		21801
BP	23e BURIAL, CREMATION, REMOVAL (SPECIFY)	236. DATE 23c. NAME C	F CEMETERY OR CREMATORY Side Catholic	23d. LOCATION CITY OR TOWN	lleghany	PA. STATE
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THE REPORT OF THE PARTY OF THE

	1			STATE OF MARYLAND			-2 3
	1.	FOR STATE REGISTRAR	DEF	PARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8 4	2. 0 4	5 7
2		CEASED NAME FIRST	S.	Schaffer	20. DATE OF DEATH Vulu	MONTH DAY YEAR 1 5 1984	1940 A
(A)	3 SE	MALE	4 RACE //////	5. DATE OF BIRTED	6. AGE INVERSUAST BIR		IF UNDER 24 HRS HOURS MIN.
nerol d	1	COUNTRY)	76 CITIZEN OF WHAT COUP	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY CON CON CO	R COUNTY OF DEATH	W
Dy the Library	1	lisbury		CERTIFICATION HOME OR OTHER INSTITUTION GENERAL Hospital	120. USUAL OCCUPAT TYPE OF WORK FOR WOST OF	ON . 12b. KIND OF PEWORKING LIFE) INDUSTRY	BUSINESS OR
ould be	139	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESUMNIC NJY OM 1 W 13 CITY O	EBEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS VEG YES NO	104	Therety ST	1801
I and 2 sh	14. F/	Wilson	MODA. Sah	15. MOTHER'S MAIDEN	VIE MIDDLE	1 de PS.	4
ers. Poges I.		VAS DECEASED EVER IN U.S. AR YES, NO OR LYKNOWN) (IF YES, GI	WE WAR OR DATES)	3-6568 KICHARA	Schaffer	RAY BULL	1887 A
signed by the attending physicis hen please remave corbonopoper to buial, crematian, or removol. ijury, or other traumotic event, th	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	TE CAUSE (0)		ERMINAL DISEASE OR CON	DITION GIVEN IN PART 11a	
ows ony in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES C	
Mentol-tronsit p Mentol Hygier or hear 18 shov	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR 19	CURRED (ENTER NATURE OF INJU		
e as the bur pith and Me norked ar I	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, C	Chul &	CITY OR TO	1 XI	STATE
of Districtions of the Dept. of Her 21 is r		22a I certify that (I) (this hosp saw the deceased alive ar above, (I) (we) (did) (did no 22b. SIGNATURE		DEGREE ATTENDING		ate and have and from the co	
should be deto with the State [ IMPORTANT: If		224 PHYSICIAN'S NAME THE	BUR TOW	12e ADRESS FOULT	Sh Sali	Bur M.	d
0 4 ₹ M —	230	ORIAL, CREMATION, REMOVAL	123b. DATE // 1984	230 HAME OF CEMETERY OR CREMATOR	det Con.	oum county /	STATE .
- 16 50M 4/83	13.FI	UNERAL DIRECTOR	ADI	250	DATE REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATU	RE



FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 4 2	0 4 4 0
DECEASED NAME FIRST (TYPE OR PRINT)  CATHEL	MIDDLE ME I WE	SELBY	JULY 21,19	284 1530 M
FELMALE	BLACK	5. DATE OF BIRTH  MONTH DAY YEAR  3 - 31 - 1906	6. AGE (IN YEARS LAST BIRTHDAY)  78  YRS.	IF UNDER TYEAR IF UNDER 24 HRS. MONTHS   DAYS HOURS MIN.
O. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MAIZY AND	76 CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY Wicomico	Y OF DEATH MD.
Salishury	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET)  Peninsula Gene		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE  DOMEST:	12b. KIND OF BUSINESS OR INDUSTRY
JSUAL RESIDENCE (IF HURSING HOME O 30. STATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13¢ CITY OR TOW	ADMISSION)	130. STREET ADDRESS / ZIP CODE 409 E. Booth	501801
FATHER'S NAME FIRST JAMES	PARSON LAST	FANNE	MIDDLE	WRight
60. WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?   16b. SOCIAL SECU		ADDRESS SELBY 409 E.BO	5165t. MD
	h 1 1			APPROXIMATE INTERVAL

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardio-pulmonary hematoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO I Mentol Hygi 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or Hean 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram\_ FUNERAL DIRECTOR: sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED 226 SIGNATOR should be detach \* ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN STATE THE SELECTION OF THE SECOND 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE

DHMH - 16 50M 4/83 (VRA 15, 4)



FOR

REGISTRAR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



(VRA 15, 4)

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STATE OF MARYLAND

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	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 🖁 🥰	20444
	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
( 3 B 3)	Marjor	ie V.	Smullen	July	31 1984 1606
	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
90 95	Female	White	9 - 20 - 1904	79 v	RS.
9 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH
0 12 A	Pennsylvania	USA	WIDOWED DIVORCED	Wicomico	A
11/2/	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126 KIND OF BUSINESS O INDUSTRY
rs of	Salisbury	Peninsula Gen		Homemaker	Own Home
24 hours	130. STATE 136. C	or other institution give residence before ounty 13c city or tow orcester Snow H	VN 13d. INSIDE CITY LIMITS?	Rt. 2	CODE 21863
letely fi	M FATHER'S NAME	OTCEBLET   DITON II.	15 MOTHER'S MAIDEN NA	1	2100)
	George	B. Victo	r Sophia	A .	Hoon
executed on gentlember of gent	160 WAS DECEASED EVER IN U.S.			ADDRESS	110011
S. Poge	(1455, NO OR UNKNOWN) (IF YES	5. GIVE WAR OR DATES) 217 14	8452 E. Victor	Smullen, Snow H	Hill, Maryland
that the death certificate by the offending physical sees remove corbangapes of cremation, or removal.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DIATE CAUSE (0)  DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU	Phyo cardial Ru	farction	
requires en signec en signec or to burn y injury, o			DEATH BUT NOT RELATED TO THE TER/		
the low ion.	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
SICIAN: TI ng physicia certificate riol-tronsit entol Hygi frem 18 sh	OR CONTRIBUTING CAUSE O	F DEATH HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
Offer this of the bury of the bury of the bury or the dor	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
Spitel or CTOR: A for use of Healt	sow the deceased alive	ospital) attended the deceased from _ e on19 d not) view the body after death.	, 19, 19, and that in (my) (aur) opinion		, 19, that (I) (we) lo d hour and fram the causes stated
ITAL OR A by the hosy the hosy of the hosy of the posterior of the posteri	226. SIGNATURE BM	Meyel	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
4 m o o o	22d. PHYSICIAN'S NAME (1	YPE OKPKINI)	22e ADDRESS		

DHMH - 16 50M 4/83 (VRA 15, 4)

Norman F. Dennis

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR

23b. DATE

8/3/84

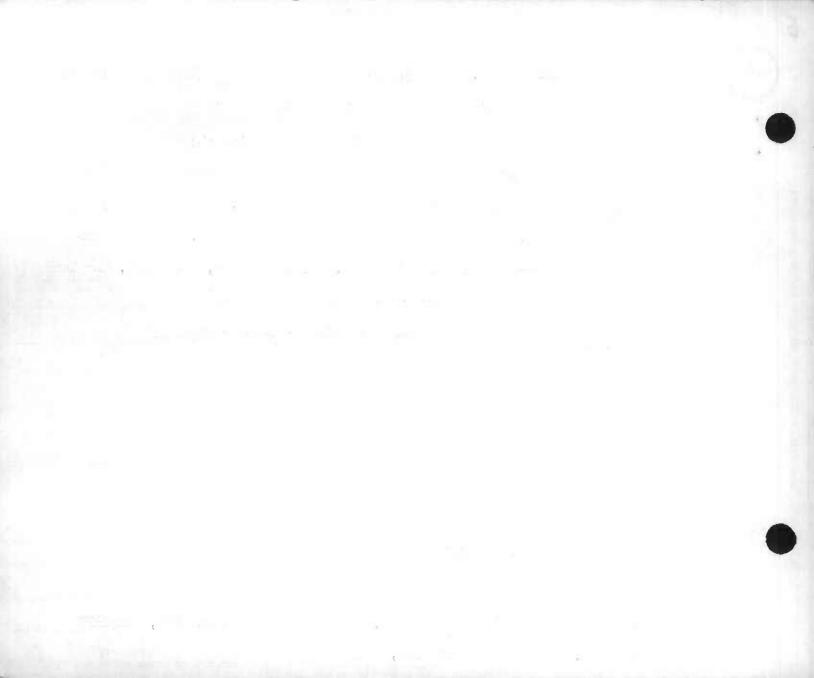
Snow Hill, Maryland

23c NAME OF CEMETERY OR CREMATORY

Mt. Olive

STATE

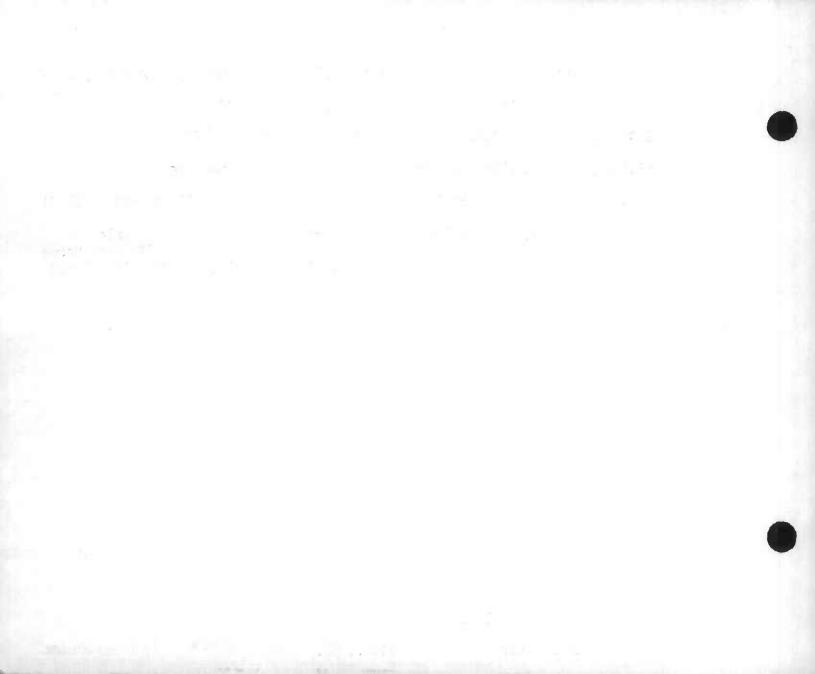
234 LOCATION
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Snow Hill, Maryland



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.1	1.	FOR STATE			DEPART		EALTH AND MENT		NE 8 eq	de	U -7	end end
9		REGISTRAR				CERTIF	ICATE OF DEAT	Н	REG. NO	D		
n =	1. DE	EASED NAME	FIRST	MIDD	I E	(. 	AST	2	o. DATE OF DEATH	MONTH DA		2b. HOUR
y be	1	RANE	<			21	EAK		JULV	23		3:00 PM
oe o	S. SE		4.	RACE		S. DATE C	F BIRTH	6 AR	AGE (IN YEARS AST BIRT			IF UNDER 24 HRS HOURS MINL
8 F . N	11	1ALE		NEG	RO	12	- I	5	68	YRS.		
deoth. Page	7a. B	RTHPLACE (STATE OR	FOREIGN 76	CITYEN OF WH	AT COUNTRY	MARRIEI	NEVER MARRI	ED 📙	BALTIMORE CITY O	R COUNTY O	OF DEATH	
to a	6	A.		4.57	4.	WIDOWE	D DIVORCE	ED 🗆 👖	Wicomico			MD.
ā 93 M	10. C	TY OR TOWN OF DE	ATH 1	I NAME OF HOS			R OTHER INSTITUTION	ON I	20. USUAL OCCUPATE PYPE OF ANOBE FOR MOSE O	ON WORKJØB LIFE)		BUSINESS OR
is of	Sa	lisbury	P	eninsu.	la Gen	eral	Hospita.	1	LABDRE	40		
24 hours filled in ould be	13a	AL RESIDENCE IN NUR	13h COUNT	MICO 136	RESIDENCE BEFORE	NE ADMISSION)	13d. INSIDE CITY LIA		STREET ADDRESS		DEN. M	21822
4 12	14.E	THER'S NAME		DDLE	LAST		15. MOTHER'S MAIL				1467	
p (3)	¥.	FIRST	MI	DOLL	(A31		H.	4TT	1E		SPE	EAR
xecuti ges		VAS DECEASED EVER		ED FORCES? 161	SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	SS		
n and Pages	L. '	ES, NO OR UNKNOWN)	(IF tes, one t	_ 2	522	07147	EMMA	SF	EAR KI	BX15	EDE	EN.MD
cote k copers copers covol. nt, the		IS CAUSE OF DEAT	H (Enter only	one couse per line	for (a), (b), a	nd (c).1			-		APPROXIM BETWEEN ON	ATE INTERVAL
TE E S	1	PART I. DEATH V	IMMEDIATE		<u> </u>	TORY	FRIL	URL			IMM	ED.
th cer dang carbo or re				DUE TO, OR A	S A CONSEQU	JENCE OF	·					
atten atton	1	Conditions, il any		( 1b) C	OPD						124)	125
that the day the slease remainly cremo		gave rise to im couse (a), stati underlying cause	ng the	DUE TO, OR A	s a conseol	JENCE OF						
		PART 2 OTHER SIG	nificant co	NDITIONS CONT	RIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CON	DITION GIVE	N IN PART I (a	
require	CERTIFICATION											
3 9 E L 8 (1	75	19a DATE OF OPERA	TION	196 CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED	)	200 AUTOPSY?		WERE FINDING ING CAUSES C	
sicion.  ore hos nsit per sygrene shows									YES NO	YES		NO 🗌
hysici ficate fransi Hygi		OR CONTRIBUTING		21b. TIME OF IN	MONTH D	AY YEAR	21c. HOW INJURY	OCCURRE	O (ENTER NATURE OF INJUI	Y IN ITEM TO PA	RT I OR PART ?)	
SICIAN: ng physicertifical viol-tran them 18	S	(IF EITHER NOTIFY MED	ICAL EXAMINER)	P.M.		19						
	MEDICAL	21d INJURY OCCUR		21e. PLACE OF (AT HOME_STREET,		FARM, ETC )	211, LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	1	AT WORK AT WE	HILE									
7 - ~ 3 0 0	1	22a Certify that (I				5-11			. 10 JULY		/	not (I) (we) last
E 9 5 6 5			did (did not)	view the body oft	er death.			opinion de	oth occurred on the do	ite and hour		
0 0 0 0 0		226. SIGNATURE	-	400			DEGREE ATTEN	DING //	MEDICAL STAI	F	22c DATES	IGNED 2
by 11 ERAL ERAL State deta	4	JAC STREET	my !	1. 1-ho	who	n-	PHYSIC 22e ADDRESS		DIRECTOR PHYSIC		192	5/17
HOSPITAL bined by th FUNERAL ould be det th the State		22d PHYSICIARYS N	1., .		00	)	226 ADDRESS	82 3	79 PEN	アクタフィム	N = 3 ,	
TO HOSPITAL retained by the TO FUNERAL should be determined with the State IMPORTANT: I	-	GREGO		1. THO		/		36.75	BIRY MI	2 ////	150%	
	236.	IURIAL REMATION	REMOVAL	23b DATE	231	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION	0	COUNTY	ATE
8P	24.7	Jure	el	1-08-	84 1	uris	we les	neur	REC'D. BY REGISTRAR	25h DECISTO	AR'S SIGNATU	3 /16
DHMH - 16 50M 4/83 (VRA 1S, 4)	1	West T	unere	l Home	ASSTRAIS	lia)	mil	127	1984 Julia	Davidson	712	



(VRA 15, 4)



I BALL I LAN A CONTRACT TO THE SAME OF THE 

	ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page hospital or afterding physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct has been signed by the funeral direct has been signed by the funeral files been a few posts and a should be filled within 72 few some carbon papers. Four signed as the burst direct has been as the pure of the filled within 72 few some carbon papers.
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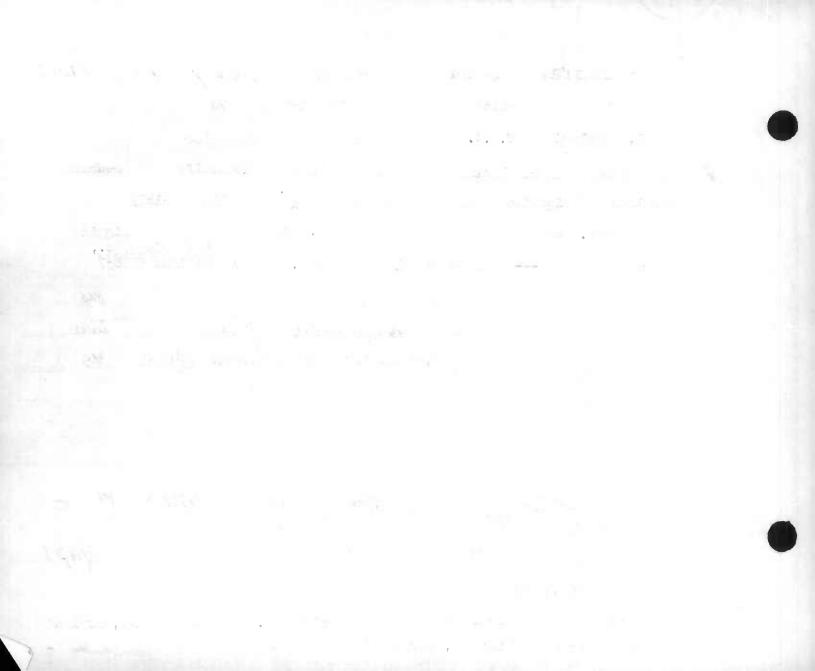
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

١	1-	STATE REGISTRAR	DEI A	CERTIF	ICATE OF DEATH	REG. NO				
ì		EASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR	
Į	E	VA LUCILLE	1 Howard		AYLOR	JULY	18	1984	1242	h
1	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEAR LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	_
1	/	Female	White	09	13 1913	70	YRS.			
A		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	FDEATH		
4		nol, Maryland	U.S.A.	WIDOWE	D DIVORCED	Wicomico			М	_
1	10 CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF	RSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF		12b. KIND O INDUSTRY	F BUSINESS OF	2
4	Sa	lisbury	Peninsula Ge	eneral	Hospital	Housewife		Ownho	me	
5	Max.	ryland Wico		efore admission) OWN a Sprin	gas □ NO 🔽	Box 114	ZIP CODE 21837			
1	14 FA	Thomas V. Howa	middle LAST		is. MOTHER'S MAIDEN NA/ FIRST Maggie	WE		Riggin		
,		AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIALS	ECURITY NO.	17. INFORMANT	400 RE	Bridge	.St.,		_
1	(4)	ES, NO OR UNKNOWN) (IF YES, GI	ve war or dates) 212-09-	7661	Melvin W. Ta	ylor Marde	and Spr	1857		
1		18 CAUSE OF DEATH (Enter of	nly ane cause per line far (a), (b)	), and (c).)				BETWEEN	MATE INTERVAL	=
1	- 1	PART I. DEATH WAS CAUSE	ED BY. TE CAUSE (a) COULL	' /	nut			HRS		
1	- 1	MINEOIA	DUE TO, OR ASIA CONSE	OUENGE OF	. /					
1	- 1	Conditions, if ony, which	( b) Yeut	i Mu	wouded &	youlan		044	8	
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS ACONSE	QUENCE OF	rotie Cardin	rueula S	min	H4		
	N N	PART 2. OTHER SIGNIFICANT	conditions <u>contributing</u>	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	)ITION GIVE	N IN PART 1	a ·	
2	CERTIFICATION	90 DATE OF OPERATION	19b. CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN		_
	II.					YES NO	YES		NO [	
7 8	SE CE	210. ACCIDENT WAS UNDERLYING	LICIUD A AA AACNITU	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RI I OR PART 2)		
	¥	OR CONTRIBUTING CAUSE OF DE		19						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE FARM FTC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	2	MANUEL NOT WHILE AT WORK			/			- QJ		
		22a.1 certify that (1) (this hosp	attended the deceased fro	CAL I	/06 19 <b>8Y</b>	, to	. 19		tho (I)(we) la	st
			n1 at) view the bady after death_		nd that in (aur) apinian	death accurred an the do	te and hour			-
		22b. SIGNATURE	74 /440		DEGREE ATTENDING	MEDICAL STAF	F	22c DATE	SIGNED	
_		XIIIIII	, VM - LUWY)		ATTENDING PHYSICIAN D	MEDICAL STAF DIRECTOR PHYSIC	IAN	1 1/	18/87	_
		22d. PHYSICIAN'S NAME (TYPE	(JOA)		P-M	MC				
-	23a D	URIAL, CREMATION, REMOVA		73, NAME OF	EMETERY OR CREMATORY	23d LOCATION				=
		SPECIFY)				CITY OR TOWN	Constitut	COUNTY	STATE	
	24 FI	Burial JNERAL DIRECTOR	7-21-1984	Mardela	Memorial Cen	Mardela  TE REC'D. BY REGISTRAR				_
П			Salishung ADON	forvlan			K	50 2.0		

DHMH - 16 50M 4/83 (VRA 15, 4)



20M 4/82

STATE OF MARYLAND



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injury, or other troumotic event, the

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to MPORTANT: If them 21 is morked or them 18 shows ony

1	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 4 2 0 4	5 0
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26	HOUR
(		a Barnes	TILGHMAN	JULY 5,1984	1243 1
3. SE		4 RACE	5. DATE OF BIRTH		UNDER 24 HRS
1	Female	White	MONTH DAY YEAR	81 YRS	DURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE		9 BALTIMORE CITY OR COUNTY OF DEATH	
	ngston, Mar	yland U.S.A.	WIDOWED TL. DIVORCED	Migamiga	M
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	ISING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b. KIND OF B	
S	alisbury	Peninsula Ge	eneral Hospital	[TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY  Internal Revenue Se	ruio
USU	TAL RESIDENCE (# NURSING HON	LE OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		IVIC
	aryland Wie		OWN 130 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	1001
	ATHER'S NAME	omico   Sai	15 MOTHER'S MAIDEN I		1801
	Charles	P. Barn	FIRST	MIDDLE LAST	
160	WAS DECEASED EVER IN U.S	T. Duri	88	Turr	
	(YES, NO OR UNKNOWN) (IF YES	S. GIVE WAR OR DATES)	Mr	. Daniel P. Barnes, Sr	
	No	212-03	3-09161 Box 93,	Chance, Maryland 2181	
	18 CAUSE OF DEATH (Enter	er only one couse per line for (a), (b),			E INTERVAL ET AND DEATH
		DIATE CAUSE (o) CAR	DIAC FAILUS	2 4	E-3
		DUE TO, OR AS A CONSE	QUENCE OF		
	Conditions, if ony, which		abuse asher	SCLRNOSIS YRA	23
	couse (a), stoting the	DUE TO, OR AS A CONSE	QUENCE OF		
	underlying couse lost	(()			
1	PART 2. OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART 1101	
CERTIFICATION					
CA	DATE OF OPERATION		ICH OPERATION WAS PERFORMED	20a AUTÓPSY? 20b IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	
] Ë	1 3 / 0 6	`	ARTHRY DISNOST		40 🗌
_	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O		DAY YEAR 216 HOW INJURY OCC	JRRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)	
WEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM		19		
1 5	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN COUNTY	STATE
1 1					

and that in (my lour) opinion death occurred on the date and hour and from the causes stated 22c DATE, SIGNE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS EDWARD KLOP mb 2180 23a. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY Mary land 7/8/1984 Rehobeth Presby

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR:

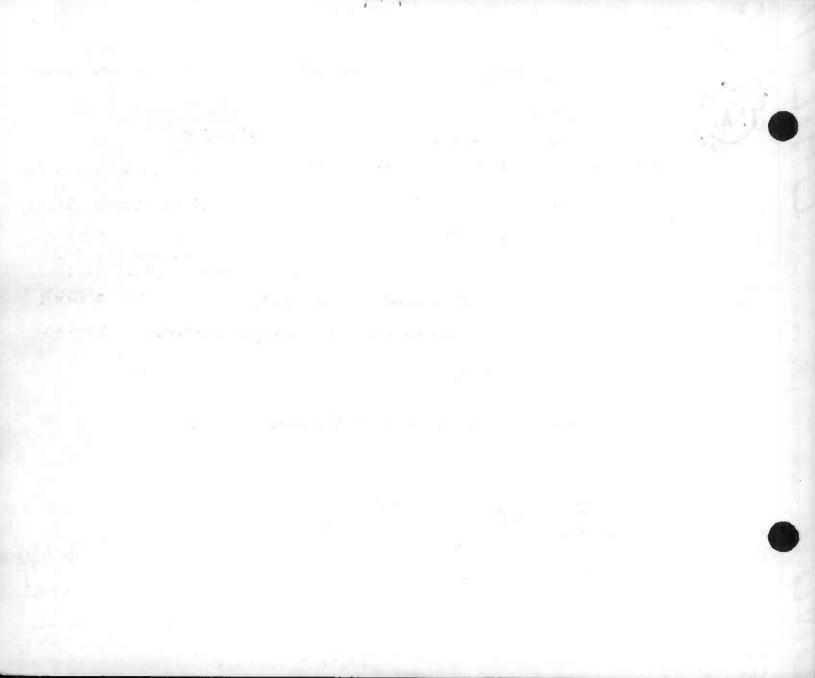
by the

BP.

v. Cemetery Marion Somerset

250. DATE RECO. BY REGISTRAR 258: REGISTRAR'S SIGNATURE

100. DATE RECO. BY REGISTRAR 258: REGISTRAR 25 24 FUNERAL DIRECTOR Holloway Funeral Home, Salisbury



FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/83 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

REGISTRARIZSD. REGISTRAR'S SIGNATURE



*	oge 4 moy b	Birector, page 3 B
ORE, MARYLAND 21201	executed within 24 hours ofter deoth. P.	ind completely filled in by the funeral di iges 1 and 2 should be filed within 72 ha
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	w requires that the death certificate be	been signed by the ottending physicion of the please remove corbonpopers. Per rior to buriol, cremoston, or removal.
DIVISION OF VITAL RE	O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbonpopers, Pages 1 and 2 should be filled within 72 hours after down with the State Deat of Health and Mental Plyagene prior to burial, cremation, or removal.

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

R	EGISTRAR		CERTIFIC	AIL OF DEATH	REG. NO	).		
	ASED NAME FIRST	WIDDIE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
(TYPE OR	McKil McKil	nlev	To	11105		7 4	84	320 4
3. SEX	1.10/11/	4 RACE	S. DATE OF E	BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IE (	JNDER I YEAR	IF UNDER 24 HRS
	00	1/	MONTH	DAY YEAR	5.4		THS: DAYS	HOURS MIN.
7- PIDTI	HPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	. /	23 00	9. BALTIMORE CITY OF	YRS.	DEATH	
	INTRY)	CITIZEN OF WHAT COUNTRY!	MARRIED	NEVER MARRIED				
	// _	USA	WIDOWED [	that		DMIC		MD.
10 CITY	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OTHER INSTITUTION	120 USHAN OCCUPATION		12b. KIND O INDUSTRY	F BUSINESS OR
15	ALISBURY	RIVER WALK	MA	NOR	KETIRE	0		
USUAL 130 STA		ROTHER INSTITUTION GIVE RESIDENCE BEFORE		d INSIDE CITY LUMITS?	13e.STREET ADDRESS /	ZID CODE	2	1826
		1.7 A 1		YES NO T	3/1 N	Civis,	ion	57
	IER'S NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MOTHER'S MAIDEN NAM	277 772		0,0	4
	HENELY	MIDDLE		MELLI	MIDDLE I	16ams	· Jus	345
Ián WA		RMED FORCES? 166 SOCIAL SECU	IRITY NO. 17	INFORMANT	ADDRE	SS - FOIL	4/10	13
		VE WAR OR DATES)	1	DILL TOA	1 244 5	TO	Link	=1.0.
-		223-18	-13427	SUH! In	1 309 3	_ויייע	) / () / V	3F 72
18	PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), and	d (c).)	1 11 -			BETWEEN	ONSET AND DEATH
		TE CAUSE (a) CONCLO	u an	nhythma			m	4
		DUE TO, OR AS A CONSEQUE	ENCE OF	١. ٨	1 1			
	Conditions, if any, which	( (b) ERN Len	wscl.	enutic Near	nt dura	20	4	ns
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF					
	underlying couse lost.	apuex	11200	anteni	usclezno	~	U	ns
P	ART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NO	OT RELATED TO THE TERMI	INAL DISEASE OR CONE	OITION GIVEN	IN PART A	a
	censlowal	athophy -						
MEDICAL CERTIFICATION	DATE OF OPERATION	196 CONDIVION FOR WHICH	OPERATION \	WAS PERFORMED	20g AUTOPSY?	20b IF YES, W	ERE FINDIN	NGS USED
문		,			YES NOT	IN CERTIFYIN	IG CAUSES	OF DEATH?
H 7	In ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY	1 2	TE HOW INJURY OCCURR			LORPARI 21	110
2 3	OR CONTRIBUTING CAUSE OF DE	LICHE AM MONTH D	AY YEAR		TEATTS AND TO THE			
5	(IF EITHER NOTICY MEDICAL EXAMINE		19	W LOCATION				
	INJURY OCCURRED	218 PLACE OF INJURY		If LOCATION STREET	CITY OR TO	N	COUNTY	STATE
	WHILE NO WHILE LI							
2		ital attended the deceased from_	72-3	124			ZY	tha (I) (we) lost
	sow the deceased alive on above, (1) (w) (did) (did no	ot) view the body after deoth.	and	that in (my) (our) opinion o	death occurred on the do	te and hour ar	nd from the	couses stated
2	26 SIGNATURE		DE	GREE			22c. DATE	SIGNED
	01.0	53 Meile	mi	ATTENDING PHYSICIAN	MEDICAL STAF		7.4	1.84
2	26. PHYSIC AN'S NAME (TYPE	OR PRINT)	1/2	Ze. ADDRESS			do.	
22a Biii	DIAL COCALATION DELICIO	Tash DATE Tash	JAME OF CELL	ETERY OR CREATERS	236 LOCATION			
	RIAL, CREMATION, REMOVAL			SETERY OR CREMATORY	CITY ORD OWN		OPHIL	MATE!

DHMH - 16 50M 4/B3 (VRA 15, 4)

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injury, or other troumotic event, the medical ex

IMPORTANT: If them 21 is marked or them 18 shows any

74 FUNERAL DIRECTOR
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WEST-RU. BIHASE SALABRAMINE JUL 17 1984, - WINNERS SHOWATER

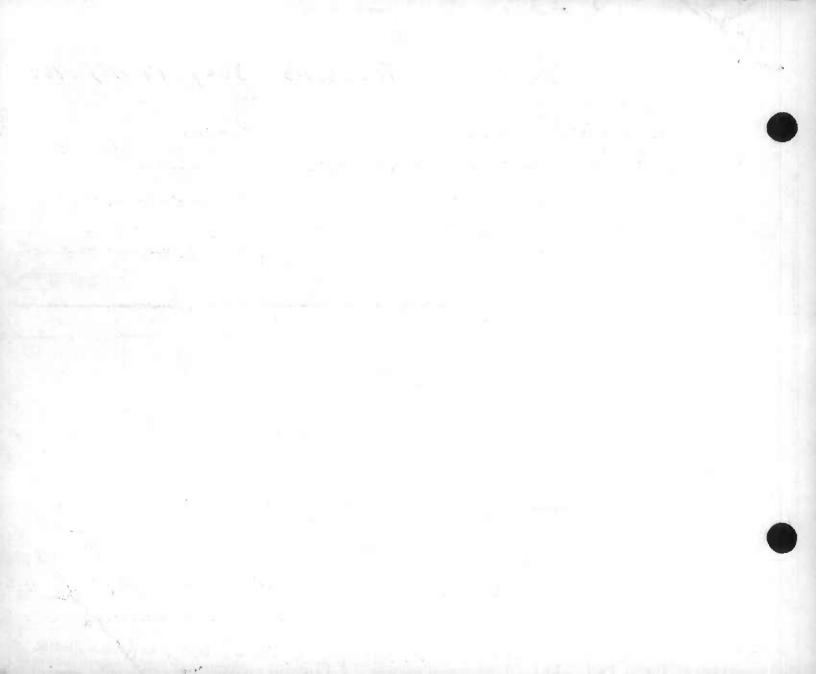


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Spi	D.	NE	be	S	TA	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be	retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in Figure 1 ector, page 3:	should be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages I raid 2 should be file within 72 have after death	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical expander must	1
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١	1 -	FOR STATE	DEPART		EALTH AND MENTAL HYG	IENE 👸 🛂	2000	0	
- 1		REGISTRAR				REG. NO			
-1		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR 26 HO	UR	
ı		Janice	Lorraine	100	UN SEND	JULY	17 1984 08	00 M	
- 1	3. SEX	(	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS AST BIRT	THE REAL PROPERTY.	ER 24 HRS	
		Female	White	~89	20° 1932°	51	YRS HOURS	MIN.	
1			7b. CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED		R COUNTY OF DEATH		
1		rtTand, Maine	U.S.A.	WIDOWE	D DIVORCED	Wicomico		MD.	
7			11. NAME OF HOSPITAL, NURSIN			12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O		IESS OR	
1			Peninsula Gen		Hospital	Hous	ewife		
5	13a S	TATE 136, COUN		N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
2	M	aryland Wicon	mico Salisbur	У	YES NO		is Drive, 21801		
1	14 FA	THER'S NAME	WIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME	LAST		
	R	oland A			Olive	M.	Chaisson		
	16a V	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	IRITY NO.	17. INFORMANT Mr	Eugene A	STownsend (Husba	and)	
	()	YES, NO OR UNKNOWN) (IF YES GIVE	007-26	-0477	Same as #	13e	zowiibelia (ilabbi	21147	
		18 CAUSE OF DEATH (Enter only	ly one couse per line for (a), (b), or	d (c).)			APPROXIMATE INT	ERVAL D DE ATH	
			ly one couse per line for (a), (b), on DBY: E CAUSE (o) WWW.	la m	1 tartatus	Cermal	Ca.		
	DUE TO, OR AS A CONSEQUENCE OF								
	Continue to the second of the								
		gove rise to immediate	(b)						
		couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF					
		AARTA OTUEREIONIEIGANIE	(c)	DE ATH BUT	NOT BELLATED TO THE YER	IN AL DISEASE OF COM	DITION CIVEN IN BART II-		
	Z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART ING		
	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USI		
1	FIC					YES T NOT	IN CERTIFYING CAUSES OF DEA		
7	ERT	21g. ACCIDENT WAS UNDERLYING	1 21h. TIME OF INJURY		21c HOW INJURY OCCURR				
1		OR CONTRIBUTING CAUSE OF DEAT	THE PARTY OF THE PARTY OF	AY YEAR		(Ellientonia di India	,		
1	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19	211. LOCATION				
	MEDICAL	21d. IN JURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE	
		AT WORK AI WORK		Free			1		
			tel) ottended the deceased from_	841	19 19	, to/		(we) lost	
		sow the deceased plive an obove, (1) (we) (did) ( <del>did no</del> t		37.0	nd that in (my) ( <del>our</del> ) apinion o	deoth accurred an the do	ate and haur and fram the causes s		
		226. SIGNATURE		2000	DEGREE		22c. DATE SIGNED	)	
		Mass	0	17713	ATTENDING PHYSICIAN D	MEDICAL STAI		84	
7	1	224 PHYSICIAN'S NAME (TYPE OF	R PRINT)		22e. ADDRESS	0.2			
		Thresh N	(JRDSSO		1300 S. VI	VISIUN 14	- JAMIS.BURY	Mod	
$\neg$		SURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	(	SPECIFY) Burial	7/20/1984 Wasi	ningtor	United Methodis	t Cemetery Sha	nd Point Wicomco Mar	yland	
	24 FL	UNERAL DIRECTOR					256 REGISTRAR'S SIGNATURE		
		Holloway F	uneral Home, P.A	9-1	ichum Ma	JL 2 3 1984	Julia Davidson-Agord	مكالله	
			I I I I I I	001	isbury Md		11		

DHMH - 16 50M 4/83 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO. LAST 2a DATE OF DEATH 26 HOUR TRADER July 16. 1984 5:30 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 5. DATE OF BIRTH DAVE HOURS VPS BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 176 KIND OF BUSINESS OR Deer's Head Center E.OF WORK FOR MOST OF WORKING LIFE) INDUSTRY VS ADIR USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 17 INFORMAN

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. IYES, NO OR UNKNOWN) HEYES GIVE WAR OR DATEST 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lig CERTIFICATION

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH [ IF EITHER NOTIFY MEDICAL EXAMINER] P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220.1 certify that (1) (this hospital) ottended the deceased from sow the deceased alive on 530PM

obove, (1) (we) (did) (did not) view the body ofter death.

216. TIME OF INJURY

21f LOCATION

CITY OR TOWN

COUNTY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES

\_, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

19

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

ATTENDING

ACERS MAIN PK

MEDICAL STAFF PHYSICIAN | DIRECTOR | PHYSICIAN

20a AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2)

22r DATE SIGNED

NO [

STATE

226 SIGNATURE

190 DATE OF OPERATION

710 ACCIDENT WAS UNDERLYING

K. Yoon, M.D.

23b. DATE

DEGREE

23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY

Deer's Head Center, Salisbury, Md. 21801

24. FUNERAL DIRECTOR DHMH - 16 50M 4/83

(SPECIFY)

0

(VRA 15, 4)

- STATE

(TYPE OR PRINT)

COUNTRY

13g. STATE

Salisbury

14. FATHER'S NAME

1 DECEASED NAME

REGISTRAR

7g. BIRTHPLACE I STATE OR FOREIGN

0 CITY OR TOWN OF DEATH

EIRST

Terry

136 COUNTY

MIDDLE

4 RACE

76 CITIZEN OF WHAT COUNTRY?

USA

VAL 16 buses

LAST

23a, BURIAL, CREMATION, REMOVAL



1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	20455
B1 000	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N	
	CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26, HO
3. SEX	X   4 RACE		MONTH DAY YEAR 2d, HO
3. SE	V KACE	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	7 14 G 32 W
7n B	IRTHPLACE (STATE OR	The CHARLEN OF WHAT COUNTRY?  18. THE CHARLES OF WHAT COUNTRY?  19. BALTIMORE CITY	OR COUNTY OF DEATH
FÇ	MAKYLAN d	MARRIED WEVER MARRIED	
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TY	PE OF WORK 12b. KIND OF BUSINESS
400	alisbury	Peninsula General Hospital Housewarking Life)	OR INDUSTRY
13a. S	TATE 136. COUN		21208 ervoir Rd
4. F.	ATHER'S NAME	MIDDLE 15. MOTHER'S MAIDEN NAME MIDDLE	LAST
	EdgAL K	Agmond Twilkey AdAh LeAh	Stevens
	WAS DECEASED EVER IN U.S. AR (IF YES, GIVE	MED FORCES? WAR OR DATES)  16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRES  215-50-7546 HARVY G. Travers	2 Reservoir Rikesville Wd
	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	nly one cause per line far (a), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN CASET AND DEA
13		TE CAUSE (o).	humel
15	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
8	gove rise to immediate cause (a) stating the under-		gran
	lying couse lost.	(c)	3
z	PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING 1D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
0	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
VE			
HEICAT			YES TO NO F
CERTIFICATI	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	YES NO E
CAL CERTIFICATION		HOUR A.M. MONTH DAY YEAR	
	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED	DEATH P.M. 19 21e. PLACE OF INJURY (ATHOME, 211. LOCATION	PART I OR PART 2)
MEDICAL CERTIFICATI	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M. 19	
	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 INJURY OCCURRED WHILE NOT WHILE AT WORK	DEATH P.M. 19  21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN	PART I OR PART 2)
	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CAUSE OF 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that I took charge	DEATH P.M. 19  21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN	PART I OR PART 2)  COUNTY STAT
	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK  22a. I certify that I took charged death resulted fram: Nature	DEATH P.M. 19  21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  32e of the remains described above, held on Autopsy , Inspection , Inquiry , o	COUNTY STATI
	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CAUSE OF 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that I took charge	DEATH P.M. 19  21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN	PART I OR PART 2)  COUNTY STATI
	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR ZID ON CONTRIBUTING ON CAUSE OF C	DEATH P.M. 19  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
MEDICAL	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK  220. I certify that I took charge death resulted fram: Natu	DEATH P.M. 19  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN  21f. LOCATION STREET CITY OR TOWN  21f. LOCATION STREET CITY OR TOWN  22f. LOCATION STREET CITY OR TOWN  23b. DATE  23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN  23d. LOCATION	COUNTY STATE
MEDICAL	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK  220. I certify that I took charge death resulted fram: Natural EXAMINER'S NAME TYPE OR PRINT	DEATH P.M. 19  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN  22f. LOCATION ADDRESS  ADDRESS  23d. LOCATION CITY OR TOWN  23d. LOCATION CITY OR TOWN  23d. LOCATION CITY OR TOWN  CITY OR TOWN  CITY OR TOWN C	COUNTY STATE
MEDICAL	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK  220. I certify that I took charge death resulted fram: Natural EXAMINER'S NAME TYPE OR PRINT	DEATH P.M. 19  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  21f. LOCATION STREET, FACTORY, FARM, ETC.)  31f. LOCATION STREET, FACTORY, FARM, ETC.)  31f. LOCATION STREET  CITY OR TOWN  TITLE (SPECIFY)  M.D. PEDICAL EXAMINER  ADDRESS  ADDRESS  23d. LOCATION CITY OR TOWN  23d. LOCATION CITY OR TOWN  23d. LOCATION CITY OR TOWN	COUNTY STATE

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1 -	STATE REGISTRAR			DEPARIM		ICATE OF DEATH	LHTGII	REG. NO	6-4	0	9 9
	OR PRINT)	race	G.	AIDDLE	ruitt	AST		20 DATE OF DEATH	7 15	84	9 35 9 A
3. SE)	male		white		5. DATE C			6 AGE (IN YEARS LAST BIRTI	_	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
Н	RTHPLACE (STATE OR COUNTRY)	yland	U.S.A		WIDOWE			9. BALTIMORE CITY OF WICOM		F DEATH	N
1	TY OR TOWN OF DE. Salisbury	D	eer s	Head Cent	er, S	alis, Md.	7	12a USUAL OCCUPATIO (TYPE-OF WORK FOR MOST OF Foreman		126 KIND OI INDUSTRY New	r BUSINESS O vspaper
13a S	AL RESIDENCE (# NUR TATE laryland	136 COUNTY Wicom	HER INSTITUTION, ( ico	GIVE RESIDENCE BEFORE  13. CITY OR TOWN  Salisbury	admission) V	13d. INSIDE CITY LIMIT YESNO		130.STREET ADDRESS /	ZIP CODE	rive,	21801
14. FA	Benjamir	n Gü	y T	ruitt		Jane Jane		Elizabeth		ite LAST	
	VAS DECEASED EVER	IN U.S. ARME		214-10-9		117 Pembe	Mrs. erto	. Marion <sup>ABORE</sup> n Drive, Sali	Truitt isbury,	(Wife) Maryla	and 218
	18 CAUSE OF DEAT PART I. DEATH V		BY:	line for (0), (b), onc	non	19 Of	41	ng with	`	APPROXU BETWEEN C	MÀTÉ INTERVAI ONSET AND DÉATH
	Conditions, if ony gove rise to im couse (o), statu underlying couse	mediote ng the	(b)_	R AS A CONSEQUE	· · · ·	/		me tas	hisis		
NOI	PART 2 OTHER SIG		leus 10		EATH BUT	NOT RELATED TO THE	TERMI	nal disease or cond	ITION GIVEN	V IN PART 110	)
CERTIFICATION	19a DATE OF OPEN	NON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		WERE FINDIN ING CAUSES	
	210. ACCIDENT WAS UN OR CONTRIBUTING [] LIF EITHER, NOTIFY MED	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	2)t. HOW INJURY O	CCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	(T ) OR PART 2)	
MEDICAL	214 INJURY OCCUR	HILE [	21e PLACE (	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE
	22s L cortify that (I	(this hospital	ottended the	e deceased from		10		to	10		that (I) (we) la

sow the deceosed olive on above, (I) (we) (did) (did not) view the body ofter death 226. SIGNATURE

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED 7/15/84

Shrestha

236. DATE

22e. ADDRESS

Deer's Head Center

Salisbury, Maryland 21801

230. BURIAL, CREMATION, REMOVAL SPEC(#Y) Burial 24 FUNERAL DIRECTOR

MPORTANT: If Item 21 is

(VRA 15, 4)

DHMH - 16 50M 4/83

Holloway Funeral Home, P.A. Salisbury, Maryland

Springhill Memory Gardens Hebron Wicomico Maryland



Memorial

- STATE

BP.

DHMH - 16 50M 4/83

(VRA 15, 4)

1. DECEASED NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ADDRE Salisbury, Maryland

REG. NO.

YEAR

IF UNDER I YEAR

YES [

COUNTY

22c DATE SIGNED

26 HOUR

12b. KIND OF BUSINESS OR

NO [

STATE

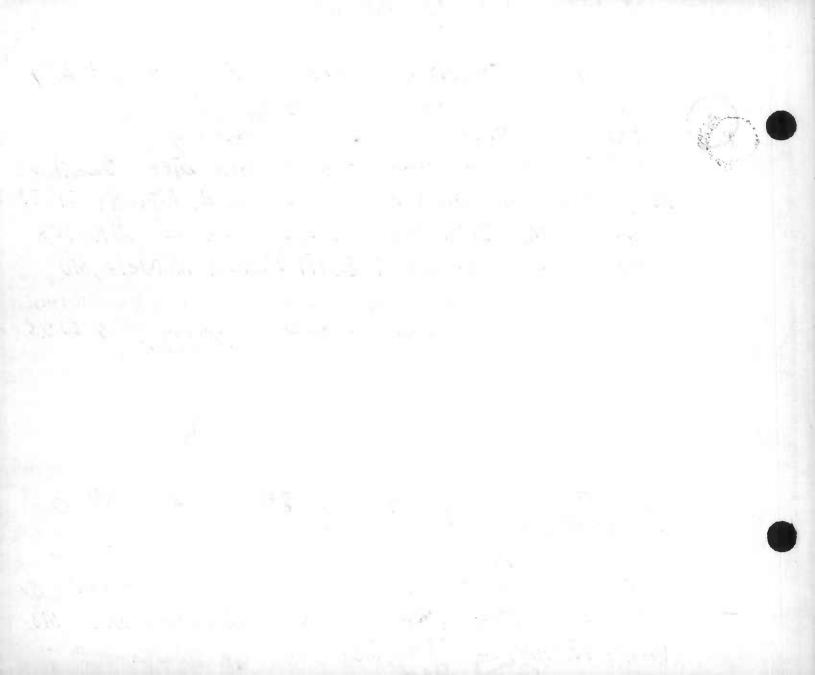
IF UNDER 24 HRS

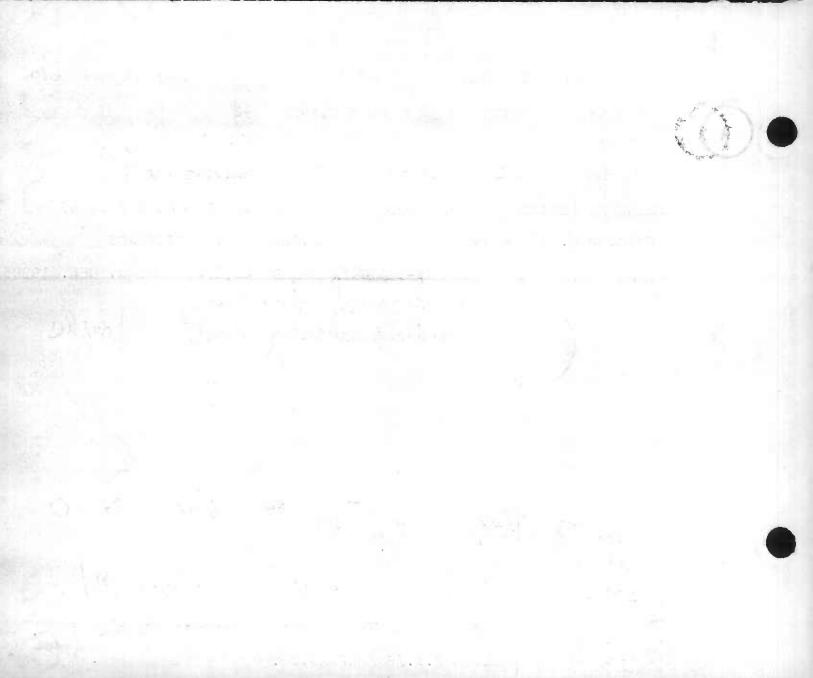
20 DATE OF DEATH

and the second of the second Samples Margaret Till 2 D 894 Julian Street

FOR

(VRA 1S, 4)





DEPARTMENT OF HEALTH AND MENTAL HYGIENE

din 3	2	0	c 3	5	U

1	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2 0	) 4	5	U
1		EASED NAME FIRST		MIDDLE	i.	AST	20 DATE OF DEATH	MONTH DAY	YE AR	2b. HOUR	1
1	179PC	Alphon	20	6	141	TE	JULY	27,19	184	040	IOM
	3. 5EX		4. RACE	/	5. DATE C		6. AGE (IN YEARS LAST BIR	(HDAY) IF UN		HOURS	MIN.
1	n	PALE	Blac		MONTH 5	- 12- 1923	61	YRS.		NOUKS	Wild.
d		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	Wicomico	R COUNTY OF E	HTASC		
Ü	MI	outh Caeolina			WIDOWE	D DIVORCED	MICOUITCO				MD.
		TY OR TOWN OF DEATH	Penins	HOSPITAL, NURSING HTW. GENE	HOME C	Hospital	120 USUAL OCCUPATE TYPE OF WORK FOR MOST OF	F WORKING LIFE) IN	B. KIND OF NDUSTRY	BUSINES	SOR
2	MILS.	southand 1111		130. CITY OR TOWN	1	13d. INSIDE CITY LIMITS? YES \( \text{\text{NO}} \)	130.STREET ADDRESS		PA1	Salis	NO.
1	y FA	CHARLE CHARLE	MIDDLE	white	/	15. MOTHER'S MAIDEN NA. FIRST MIMMIE	MIDDLE	2	Somit.	4	
			MED FORCES?		1065	PALELINE LEL	ADDRE 12045	ss peinglil	1 Rd.	SAli M	'S.
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	D BY: TE CAUSE (a)  DUE TO, O  (b)  DUE TO, O  (c)	PUM .  R AS A CONSEQUER  R AS A CONSEQUER	E M	6dy Mass		,	APPROXIM BETWEEN OF	ASET AND D	ÊATH
	NOI	PART 2 OTHER SIGNIFICANT		OVER ,	EATH BUT	NOT RELATED TO THE TERM	ninal disease or con	DITION GIVEN II	V PART Ita		
1	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH (	OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES NO	20b. IF YES, WE IN CERTIFYING YES	CAUSES	GS USED OF DEATH NO []	4?
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY M. MONTH DA' M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART LO	OR PART ?)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	RM, E1C )	211 LOCATION STREET	CITY OR TO	wn (	COUNTY	51	ATE
		226.1 certify that (1) (this hasp saw the deceased alive ar above, (1) (we) (wh.) (did no 226. SIGNATURE	7/2	6 84 19		nd that in (my) (our) opinion				IGNED	ted
		224 PHYSICIAN'S NAME TYPE	OR PRINT)			77e ADDRESS	DIRECTOR PHYSIC		RIVIS		—
						811		SALISIS	vary.	me	J.
	23a B	URIAL, CREMATION, REMOVAL	23b DATE	23¢ N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR JOWN	/ 4/ / CO	UNITY	ST	ATE

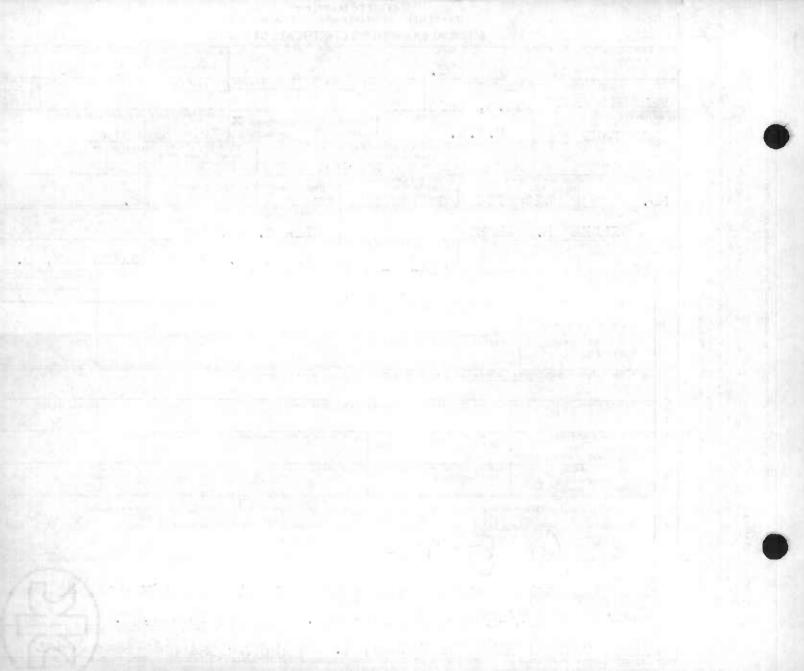
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
Cliston

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1111 3 1 1984 Julia Davidson Pandose.





~/						1 2 1 5 5 -
	1 -	FOR STATE	DEPAR	RTMENT OF HEALTH AND MENTAL H	YGIENE 8 4	2 0 4 0
1		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	I. DEC	EASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 26 HOU
	(TYPE	Lester Lester	M.	WILLIAMS	July 31, 198	17:1
N	3. SE)		4 RACE	5. DATE OF BIRTH	6 AGE MN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER
Я		MALE	BLACK	MONTH DAY YEAR	- 9il	MONTHS DAYS HOURS
1	لر	1410	101 FT	3 25 1710	YR:	
20		OUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH
5.0		MO.	0,2,4	WIDOWED DIVORCED	Wicomico	
0	10. CI	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINE
//	22	lisbury	Deer's Head C		Zn 000	JUARIO
5	PUSIT	I DESIDENICE HE NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)		
13	13a S	TAJEN NO SOUN	ORIG	7	13. STREET ADDRESS ZIP CO	DE 2/65
4	14 E4	THER'S NAME	1111111	YES NO	NAME	
1/1	17.7		AIDDLE LAST	FIRST	MIDDLE	P LAST THE
10		20 N B	W.II, Ar	1) EM	MA MAE	Jower
7		AS DECEASED EVER IN U.S. ARI		CURITY NO. 17 INFORMANT CS	LORRADDRESSE	JENKI'H
0		No -	21 )-11	6-8/65 M1.35	WTREU, UE,	may last
		IN CAUSE OF DEATH (Enter on	y one rouse per line for (a). (b).	and (c).)		APPROXIMATE INTER
, and		PART I. DEATH WAS CAUSE	BY: 50 110	La Pall P.	arcinoma e	
		IMMEDIAT	E CAUSE (o)	value / cery	24.60	7 2 18
			DUE TO, OR AS A CONSEC	QUENCE OF THE	ung	
		Conditions, if ony, which	(b)			
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		
		underlying couse last.	( (c)			
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1:0
5	Z					
177	ATE	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
1/1/1	FIC				IN CER	RTIFYING CAUSES OF DEAT
1					VEC DISCOVER	VEC D NO E
	- X	A ACCIDENT WAS INDEBUNDED.	AND THE OF BUILDY	Tal. HOW MILLIPY Occu	YES NO	YES NO
0	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH		VES NO NO URRED (ENTER NATURE OF INJURY IN ITEM	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	TH HOUR A.M. MONTH			
0		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.  21s. PLACE OF INJURY	DAY YEAR 19 211 LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM	IS PARTIOR PART?}
9	MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH P.M.	DAY YEAR 19 211 LOCATION		18 PART ( OR PART 2)
9		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 211. LOCATION STREET	URRED (ENTER NATURE OF INJURY IN ITEM	COUNTY S
0		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospit	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC  ol) ottended the deceased from	DAY YEAR 19 211. LOCATION STREET  19 11. LOCATION 19 11. LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM	COUNTY S
01		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this hospit sow the deceased alive on, obove, (1) (we) (did) (did no	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE of the original of the deceased from	DAY YEAR 19 211. LOCATION STREET  19 19 19 19 19 19 19 19 19 19 19 19 19	URRED (ENTER NATURE OF INJURY IN ITEM	COUNTY SI
0		OR CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. IN JURY OCCURRED  WHILE NOT WHILE AL WORK  22a.1 certify that (1) (this hospit  sow the deceased alive on	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC ol) ottended the deceased from ) view the body after death.	DAY YEAR 19 211. LOCATION STREET  19 10 10 10 10 10 10 10 10 10 10 10 10 10	CITY OR TOWN  to on death occurred on the date and to	COUNTY SI
9		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this hospit sow the deceased alive on, obove, (1) (we) (did) (did no	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC ol) ottended the deceased from ) view the body after death.	DAY YEAR 19 211. LOCATION STREET  19 10 10 10 10 10 10 10 10 10 10 10 10 10	CITY OR TOWN  to on death occurred on the date and to	COUNTY SI
9		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this haspit sow the deceased alive on, above, (1) (we) (did) (did no) 22b. SKGNATURE  22d. PHYSICIAN'S NAME (1) PEO 22d. PHYSICIAN'S NAME (1) PEO 22d. PHYSICIAN'S NAME (1) PEO	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC ol) ottended the deceased from 19 view the body after death.	DAY YEAR 19 211. LOCATION STREET  19	CITY OR TOWN  to on death occurred on the date and to	COUNTY SI
0		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this haspit sow the deceased alive on, above, (1) (we) (did) (did no) 22b. SKGNATURE  22d. PHYSICIAN'S NAME (1) PEO 22d. PHYSICIAN'S NAME (1) PEO 22d. PHYSICIAN'S NAME (1) PEO	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC ol) ottended the deceased from 19 view the body after death.	DAY YEAR 19 211. LOCATION STREET  19 210. Ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 220 ADDRESS	CITY OR TOWN  to  on death occurred on the date and to  MEDICAL DIRECTOR PHYSICIAN	COUNTY ST  COUNTY ST  19, that (I) (v  nour and from the causes sta
9	MEDICAL	OR CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK  22a.1 certify that (1) (this hospit sow the deceased alive on above, (1) (we) (did) (did no)  22b. SIGNATURE  22d. PHYSICIAN'S NAME TYPE O  NANCY W. TUS	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE of) offended the deceased from (1) view the body offer death.  APPRINT)  T	DAY YEAR 19 211. LOCATION STREET  19 21. Ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS Deer's Head	CITY OR TOWN  . to on death occurred on the date and to indicate physician decenter; Salisbu	COUNTY ST  COUNTY ST  19, that (I) (v  nour and from the causes sta
9	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this haspit sow the deceased alive on, above, (1) (we) (did) (did no) 22b. SKGNATURE  22d. PHYSICIAN'S NAME (1) PEO 22d. PHYSICIAN'S NAME (1) PEO 22d. PHYSICIAN'S NAME (1) PEO	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC ol) oftended the deceased from (1) view the body ofter death.  APPRINTI TIME PRINTI TIME TIME TIME TIME TIME TIME TIME TI	DAY YEAR 19 211. LOCATION STREET  19 210. Ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 220 ADDRESS	CITY OR TOWN  . to on death occurred on the date and to indicate physician decenter; Salisbu	COUNTY ST  COUNTY ST  19, that (I) (v  nour and from the causes sta



PRINCESS ANNE.

FUNERAL HOME

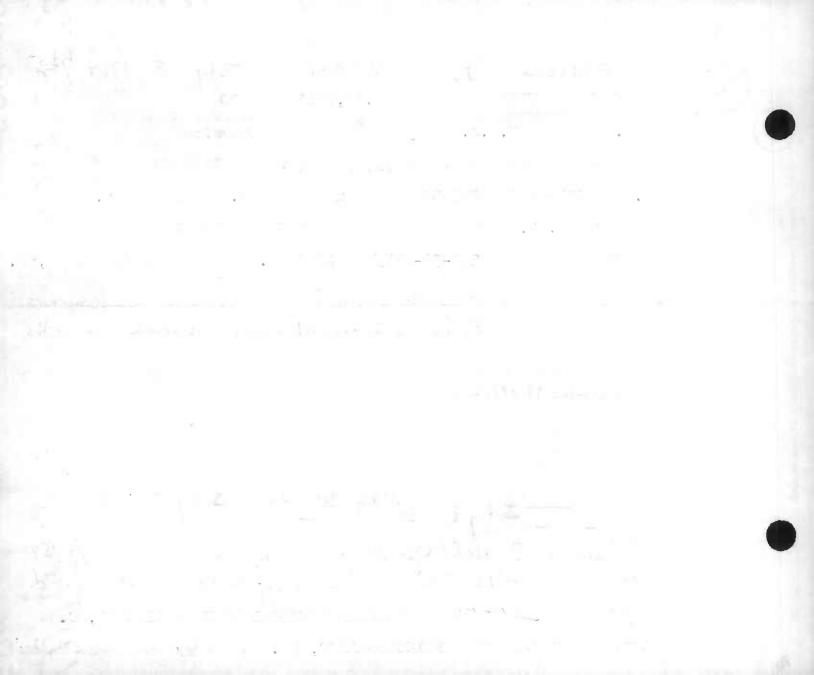
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH - 16 50M 4/83

(VRA 15. 4)



22k SIGNATURE

230 BURIAL, CREMATION, REMOVAL

Cremation

27d PHYSICIAN'S NAME (TYPE OF PRINT)

3. SEX

FOR STATE REGISTRAR		DEPARTMENT O	ATE OF MARY OF HEALTH AND TIFICATE OF	MENTAL HYG	IENE 👸 👍	2	0 4	6 4
1. DECEASED NAME FIRST (TYPE OR PRINT)		ea la	Wynkoop	P	_		31, 1984	26. HOUR 1004 M
3. SEX Female	4 RACE White	M	TE OF BIRTH ONTH DAY 0 11	1926	6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Salisbury, Mary	and U.S.	A.   WIDO		ONORCED [	9. BALTIMORE CITY ON WICOMICO			MD.
Salisbury	Penins	HOSPITAL, NURSING HON HFACILITY, GIVE STREET ADDRESS) ULA Genera	1 Hosp		(TYPE OF WORK FOR MOST OF HOUSEWITE			OF BUSINESS OR
Maryland W		GIVE RESIDENCE BEFORE ADMISSION SOLL STATES OF TOWN SOLL SOLL SOLL SOLL SOLL SOLL SOLL SOL	13d. INSIDE YES	CITY LIMITS?	13 STREET ADDRESS / Rogers	ZP CODE Stree	t 2	21801
Goldsborough	B.	Harrington	Eva	R'S MAIDEN NAA	WIDDLE		Welcl	
16a WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE	ARMED FORCES? S, GIVE WAR OR DATES)	218-20-546	2 Ft. My	Mr. Rovers Bldg	y Wynkoop 400 Box	395n)	rlington	, Va.
18 CAUSE OF DEATH (Entrement of the PART I. DEATH WAS CA		10	Letory	Vent	- icetur Ar	- Ly	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	(b)	RAS A CONSPOUENCE	ogen is	St	, o cr	,		
PART 2. OTHER SIGNIFICA	NT CONDITIONS <u>C</u>	ONTRIBUTING TO DEATH I	BUT NOT RELATE	D TO THE TERM		DITION GIV	EN IN PART 1	0,
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b COND	TION FOR WHICH OPERA	TION WAS PERF	ORMED	20a AUTOPSY?  YES NO	IN CERTIF	S, WERE FINDIN YING CAUSES S	
OR CONTRIBUTING CAUSE C	LICUID A	FINJURY M. MONTH DAY YE	AR 21¢ HOW	NJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM IB F	PART : OR PART 2)	

PART 2. OTHER CERTIFICATION 190 DATE OF O 21g. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (I) (this haspital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

DEGREE

22e ADDRESS

ATTENDING

DHMH - 16 50M 4/83

marked or Hem

MPORTANT: If hem 21 is

Holloway Funeral Home, P.A. Salisbury, Md. (VRA 15, 4)

AFFETTO

8/2/1984

23b DATE

23c NAME OF CEMETERY OR CREMATORY Sussex Delaware Cape Henlopen Crematory Lewes

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

Locust & Quincy Sts., Salisbury, Md. 21801

me varidon Randelle

22c. DATE SIGNED



1		ATE OF MARYLAND F HEALTH AND MENTAL HYGIENE	
1	STATE	NER'S CERTIFICATE OF DEATH REG. NO.	0 4 6 2
	CEASED NAME FIRST MIDDLE	LAST 20 DATE KNOWN X MONTH	H DAY YEAR 2b. HOUR
	Evelyn Grace	Zvonik OF ESTI- 7	-1-84 1131 M
3. :	X 1. RACE S. DATE OF BIRTH 1927 6. AGE (IN) LAST BIRTH	YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE  MONTH  OPPONOUNCED  DEAD  7-1-	DAY YEAR 2d HOUR
	male White   03 27 1921   63	YRS. DEAD (-1-	-F 19 M
	SIRTHPLACE (STATEOR ) 76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	NIT OF DEATH
	ennsylvania U.S.A.		MD.
	alisbury  III. Name Of HOSPITAL, NORSING HOAD  (IF NOT IN SUCH FARILITY, GWE STREET ADDRESS  Penins la Gener		OR INDUSTRY
130	AL RESIDENCE (IF IN NURSING HOME OR OTHER IN THITITION OF RESIDENCE BEFORE ADMISSIBLE TO THE PROPERTY OF THE P	DECO 130. INSIDE CITY LIMITS? 130. STREET ADDRESS RD#1,	- 15924
-	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	LAST
0	Homer (Valnova)	Margaret	Hoffman
16	WAS DECEASED EVER IN U.S. ARMED FORCES?  YES, NO, OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  174 - 20	Mrs. Joann Lehman	(Daughter)
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I DEATH WAS CAUSED BY:  Coronary	Occlusion	BETWEEN ONSET AND DEATH
	MMEDIATE CAUSE (o) OST OTTAT, Y		
	Conditions, if any, which		years
	gove rise to immediate cause (a) stating the <u>under-lying cause last.</u> (b) ABD V D  DUE TO, OR AS A CONSEQUENCE (c)	ē OF	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e).	
	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPE	ERATION WAS PERFORMED?	20 AUTOPSY?
			YES NO X
	210. EXTERNAL CAUSE WAS 210. TIME OF INJURY UNDERLYING OR HOUR A.M. MONTH DAY YE. CONTRIBUTING CAUSE OF DEATH P.M. 19	AR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR	
	21d INJURY OCCURRED  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  AT WORK  21d PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET CITY OR TOWN	COUNTY STATE
	220. I certify that I taak charge of the remains described above, held an	Autapsy . Inspection . Inquiry . ond in my Suicide . Homicide . Undetermined monner .	opinion
1	ACTUAL SIGNATURE	TITLE (SPECIFY)  M.D. Deputy MEDICAL EXAMINER SIGN	7-2-84
	EXAMINER'S NAME Earl L. Royer, M.D.	ADDRESS Camden Ave., Salish	
23	BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF C (SPECIFY) 27/3/84 St. JC	ohn's Baptist Central City S	Pennsylvani Somerset
2	FUNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S	
1	NAME O 110way Funeral Home Salisbu	TY Md JULY 6 1984 Julia Davidson	- Randalle
E	Olloway Funeral Home Salisbu	ry, Md. Multi G Mas Salabantata	

